



County Borough of Ipswich

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**REPORT**  
*of*  
**THE MEDICAL OFFICER**  
**OF HEALTH**  
*and*  
**PRINCIPAL**  
**SCHOOL MEDICAL OFFICER**  
**for the Year 1969**

Annual Report CB Sparrow 1969.

$$E = \frac{24}{8.71} R = \frac{2.76}{8.71}$$

Scott pp. J Pettit A222.

$$R = \frac{24}{8.71}$$


131 Aug 11.



County Borough of Ipswich

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## COUNTY BOROUGH OF IPSWICH

Health Department,

Elm Street,

Ipswich, IP1 1HB

*To the Chairman and Members of the Social Services Committee*

1969 was another year of financial restrictions and indeed there seems no likelihood of any real improvement. For all that, some improvements to the service to the public have been achieved though much remains to be done. Mention will be made of both successes and failures in the following report.

But to turn first to statistics, few of the figures need much comment. The number of births and the birth rate are little changed from last year though the death rate has improved slightly. The striking figure is the tables of statistics in the perinatal mortality rate. Last year's figure was a record for Ipswich and I was guarded enough in my last report to warn that, with the small numbers involved, the rate for 1969 might be higher than the 19.6 per 1000 of 1968. It is with considerable pleasure that I can report for a second year a record 'low' of 17 per 1000 compared with 23 per 1000 for England and Wales. Nevertheless there is somewhere, an irreducible minimum and falls such as this cannot continue indefinitely. An assessment of the degree to which morbidity is replacing mortality is urgently needed for the quality of life is at least as important as survival itself. The perinatal mortality rate is generally regarded as a measure of the efficiency of the maternity and neonatal care services and our figure this year is a tribute to all those involved in the obstetric team. We are I think, not always as clearly aware as we might be, how fortunate the town is in this service. Our domiciliary midwifery service has always been a good one, with a high rate of domiciliary deliveries. Its equipment is modern and its staff well trained, efficient, and keen. But this is only one part of the maternity service. The family doctors in the area are for the most part keen on obstetrics and they take a close interest in the advances which are constantly taking place. The consultant obstetric and paediatric staff at the hospitals are interested too in seeing obstetrics as a team effort. A confinement is not just an incident in a woman's life that should always be treated exclusively by a specialist. While obstetrics may one day always be practised in

hospital setting, the need for general practitioner obstetrics to be possible in that setting seems generally accepted. This will improve even further the already close co-operation between the family doctor, the hospital and the domiciliary midwife, and the mother will get the best of both worlds by being delivered if necessary in the hospital environment with the support of the doctor and midwife in whom she has placed her trust. Ipswich must not fall into the trap of providing a sausage machine delivery service by a technically safe but rather impersonal obstetric service.

For several years each perinatal death has been carefully examined in detail by the obstetric team to see what lessons can be learned for the future. This is a worthwhile though time consuming exercise for all of us and I am grateful to all my medical and midwifery colleagues for their co-operation in this work. Particularly I would like to thank Mr. F. R. Stansfield for his regular attendance at the perinatal mortality meetings until his retirement. His wealth of knowledge and experience has been of great value to us all and it should be very satisfying for him to know that some of his wisdom has been passed on either at our meetings or in the case summaries which go to all the family doctors in the town.

The satisfactory state of our obstetric service is a result of personal effort on many sides within the profession. Sometimes however, the medical services need outside help. Such is the case with the family doctor service in the town. We have lost two family doctors recently, one moving from the town and one untimely death. The ability of a town to attract new doctors is largely dependant on two things. Firstly, the medical and educational services available to them, and secondly the physical facilities. With the construction, slowly, of a new district general hospital, good links with hospital staff, and good post-graduate educational facilities, the town can count itself lucky. The town must now play its part if we are to maintain a really excellent service from our family doctors. Interest has increased in the provision of Health Centres in recent years and planning is progressing slowly with the first. Others are however needed to solve intolerable problems of accommodation for some doctors. Development of new buildings and decay of old practice buildings are threatening the doctors security and at the same time the patient is expecting a steadily higher standard of practice accommodation. There is no time for a breathing space to see what eventually happens to the latest Green Paper and the Local Authority cannot

afford, by waiting too long to risk a worsening of the present situation in general practice.

The attachment of nursing staff to general practice has progressed more rapidly in some areas than in Ipswich. But the two Health Visitors currently attached are working extremely well. The cost of this attachment is relatively small, involving as it does an increase in travel costs, but there is no doubt now that both doctors and nursing staff regard it as a considerable contribution to efficiency. The steady change that is taking place in the Health Service is leading to different demands on the Local Authorities services which, though they may cost money, cannot be ignored. We run an essential part of a national service and must take our full responsibility.

The value of cervical cytology is still debated. Undoubtedly when the move for the service started, it came largely from those women in the higher social groups who are least at risk of cervical cancer. The response generally has not been good and this fairly expensive test is still being done largely on those whose risk is small. In the Local Authority clinics however we have managed to reach a little further down the social scale and while few cases of abnormal smears have been found, a number of treatable infections have been seen. Many of the cervical cytology patients have also sought family planning advice and here again we are reaching well down the social scale. Our family planning service is complementary to that of the family doctor and Family Planning Association and has continued to grow at a rate which is very satisfactory.

Multiple screening clinics are constantly under review but I remain convinced that, while limited screening procedures may be valuable, it is extremely easy to spend time, money and manpower on multiphasic screening that could be more effectively deployed in other ways.

Fluoridation has once again raised its head, only to be rejected once again. It is clear that there remains a great deal of hostility to this dentally highly desirable measure. I have previously expressed the view that only legislation will result in fluoridation and I remain in no doubt that this is the case.

Infectious diseases have not plagued us greatly. Measles vaccination is continuing. But problems may arise if immunisation is not kept up. Indeed there are signs that recent shortages of vaccine may have left a large susceptible population to have measles in 1970. The other infections were not unusually troublesome but I must repeat, as I do every year the importance of a continued



programme of immunisation if the older diseases such as diphtheria are to be kept in check. Our immunisation arrangements were centralised during the year and I hope that this will enable a close control to be exercised over those children who previously have escaped protection.

Influenza caused concern late in the year and reached a peak early in January 1970. The mortality, though not high, was significant and affected not only the elderly. Some relatively young adults succumbed. A rapid fall in influenza occurred early in 1970 and by the end of January the situation was improving rapidly.

Rabies occurred in the United Kingdom and caused some understandable alarm. At the time of this occurrence a dog arrived in Ipswich by sea and because it was not kept under proper control was placed in quarantine.

Veneral disease continues to give cause for concern locally as it does nationally. The figures reflect not simply the incidence of the diseases locally but the enthusiasm with which contacts are sought. Without contact tracing the apparent incidence would be lower. Efforts to improve methods of contact tracing are being made but it is a time consuming business and if more contacts have to be seen in the hospital clinics the staff will be put under serious strain. The ignorance about sexual matters shown by younger patients is often incredible. Increasingly efforts are being made in the schools to impart balanced factual knowledge but this can only be an effort to patch up the defects left by a lack of education by parents. As sex becomes a subject more freely discussed, perhaps parents will more readily answer their childrens questions without ignorance or embarrassment.

The day nursery continues to provide an important service increasingly for the physically, mentally or socially handicapped child. The growth of pre-school play groups and child minders where purposeful activity is encouraged is welcome, though it poses problems of supervision. The value of properly organised play groups is to many children, enormous. The national lack of nursery school facilities is one which would repay the most careful attention, for as a preventive service in the mental health field, nursery schools and groups have a great part to play.

The ambulance service continues to fulfil a valuable role in the health services. The improvements promised for 1970 will go towards resolving the problems of the service but, when there seems any reasonable chance of finance being available, an entirely new station will be requested. Training facilities, with proper accommodation, are however in the pipeline.



The environmental side of the work of the department is described in detail in the report. The Public Health Inspectors continue to be burdened with additional work, while the demands already placed on them are not fully met. Indeed this inability to cope with all demands runs through many of the services. Unlimited resources are obviously not available by the development of a community rather than hospital based health service, together with a reversal of the increasing population of our environment, will not be achieved without cost.

This year members will note that my introduction is longer than usual and that the report contains a number of changes. Much of this reshaping has been done by Mr. Bailey my Senior Administrative Assistant who has co-ordinated the production of the report. I hope that this will improve the readability of the report and make it of interest to more people. It is after all an expensive production containing facts and comments on a wide range of subjects. Necessarily I have to pick on some facets of the work and ignore others in this introduction and it is always difficult to write a report which is at once meaningful for those involved in health work and intelligible to those who are not. Our failures, and there must be some, tend to be picked out and amplified, while our successes will be ignored. Such difficulties are inevitable and have not been lacking during the year.

I should perhaps draw your attention to a new feature of extracts from reports 50 years ago. The old annual reports make fascinating reading. Problems on infectious disease are so different now yet some of our current difficulties, are remarkably similar, and I hope this section will prove of interest.

During 1969 Mr. Massam the Chief Public Health Inspector, retired after 36 years service in the department. Mr. Greene, who had worked for the Health Department for 23 years following some years in the Education Department also retired. I must express my gratitude to both of them for their help and wish them both a long and happy retirement.

Dr. Bush, the Deputy Medical Officer of Health who has been here for 3 years is, as was to be expected, moving on in 1970. His help and support have been invaluable to me and to members of the staff and public alike. We all wish him well in Colchester.

Finally I should like to thank most sincerely my colleagues in the department and outside it. At a time of proposed change in the health services professional colleagues in general practice and the hospital service have been more than willing to listen to me on problems which concern me more than them, and I appreciate their help given on innumerable occasions. I would like to thank

also the chairman and members of the Social Service Committee who have also given me their help and support during the year.

B. A. SMITH,

Medical Officer of Health.

July, 1970

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REPORT OF PORT MEDICAL OFFICER

REPORT OF PRINCIPAL SCHOOL MEDICAL OFFICER

## COUNTY BOROUGH OF IPSWICH

## SOCIAL SERVICES COMMITTEE

(Constitution as at 31st December, 1969)

THE MAYOR (Alderman S. W. GODWARD)

Councillor C. E. O. JONES (Chairman)

Councillor Mrs. O.R. COOK

(Vice Chairman)

Alderman C.R. NUGENT

Alderman O.S. NUNN

Councillor H.S. BAXTER

Councillor R.G. BOWLES

Councillor P.E. BURROWS

Councillor Mrs. D.E. CLAYTON

Captain E.M. USHERWOOD

Councillor Mrs. V.A. DOWE

Councillor Mrs. L.E. DOWNES

Councillor Rev. G.F.L.

HOLLINGSWORTH

Councillor O.A.E. HOWARD

Councillor Mrs. B.C. JAMES

Councillor Mrs. M.F.P. LAMBERT

Dr. J.D. HALFORD

## PRINCIPAL STAFF OF THE HEALTH DEPARTMENT

as 31st December, 1969

*Medical Officer of Health and Principal School Medical Officer*

B. A. SMITH, M.B., B.S., D.P.H.

*Deputy Medical Officer of Health and Deputy Principal School Medical Officer*

M.F.H. BUSH, M.B., B.S., M.R.C.S., L.R.C.P., D.CH., D.P.H.

*Senior Medical Officer*

J. BROWN, M.B., B.S., B.D.S., M.R.C.S., L.R.C.P., L.M.S.S.A., L.D.S.,

R.C.S., D.P.H., D.(Obst). R.C.O.G., Dip.Ed.(Lond.)

*Senior Assistant Medical Officer*

M. G. MILLS, M.B., Ch.B., D.R.C.O.G.

*Departmental Medical Officers*

G.M. CRUICKSHANK, M.B., B.Ch., D.C.H. (P/t 6.1.69 to 6.10.69)

H.K.S. EGERTON, M.B., Ch.B. (P/T)

H.H. FORDE, M.B., B.Ch., D.P.H., D.R.C.O.G. (P/T)

J.F. MORRISON, M.D., M.B., Ch.B., D.C.H. (P/T)

G.M.G. SPENCER, M.A., M.R.C.S., L.R.C.P., D.P.H. (P/T)

C.S. WEBSTER, M.B., Ch.B., D.P.H. (P/T) (retired 18.7.69)

J.G. WILSON, M.B., B.S., B.Ch., L.R.C.P., M.R.C.S. (P/T from 3.10.69)

R. WRIGHT, M.B., B.S. (P/T)

*DENTAL**Chief Dental Officer*

G.A. SCIVIER, B.D.S. (Lond.)

*Chief Public Health Inspector* - L.J. MASSAM (retired 30.6.69)  
O.C. WILLIAMS (from 1.7.69)

*Deputy Chief Public Health Inspector* - O.C. WILLIAMS (to 30.6.69)  
J.E. JOHNSTONE (from 1.7.69)

#### HEALTH VISITING

*Superintendent Health Visitor* - Miss J.M. STABLES, S.R.N.,  
S.C.M., H.V. (Cert.)

#### MIDWIFERY

*Non-Medical Supervisor* - Miss F. MEACHAM, S.R.N., S.C.M.  
(Admin. Cert.)

#### HOME NURSING

*Superintendent* - Miss D.A.I. STREET, S.R.N., S.C.M., R.S.C.N.

#### MENTAL HEALTH SERVICE

*Mental Health Officer* - R.G. WYTHE

*Supervisor - Junior Training Centre* - Mrs. F.E. HOWELL

*Manager - Adult Training Centre* - K.E. HOWLAND

#### AMBULANCE SERVICE

*Chief Ambulance Officer* - R.M. HOPWOOD

#### HOME HELP SERVICE

*Organiser* - Mrs. C.M. LILLEY

*Assistant Organiser* - Miss I. MAEERS

#### MONTROSE DAY NURSERY

*Matron* - Mrs. G.E. JOHNSON

*Occupational Therapist* - Miss B. LANGHAM (resigned 13.6.69)

Mrs. B.D. HUGHES (from 4.9.69 P/T)

*Orthoptist* - Mrs. M.J. KERNAN, D.B.O. (P/T)

*Speech Therapists* - Miss A.G. WILSON, L.C.S.T. (P/T)

Mrs. A.U.C. BLOOD, L.C.S.T. (P/T)

Miss B.E. GRIEVESON, L.C.S.T. (P/T)  
(resigned 3.5.69)

Miss P. THOMPSON, L.C.S.T. (from  
20.1.69)

*Chief Administrative Assistant* - H.M. COLES

*Senior Administrative Assistant* - R. BAILEY

*Administrative Assistant* - B.H. GREENE (retired 31.10.69)

*Senior Clerical Officer* - H. STEPHENSON

Clinic facilities are provided as follows:-

Location	Facilities Available
Central Clinic, Elm Street Tel: 55511	Child Health, Ante Natal, Family Planning, Chiropody School Health.
Gainsborough Clinic 263 Clapgate Lane Tel: 78132	Child Health, Ante Natal, Family Planning, Chiropody, School Health.
Whitton Clinic, Meredith Road Tel: 41433	Child Health, Ante Natal, Family Planning, Chiropody, School Health.
Allington Clinic 427 Woodbridge Road Tel: 78940	Child Health, Ante-Natal, Family Planning, Chiropody, School Health.
Chantry Clinic, Hawthorne Drive Tel: 55647	Child Health, Ante-Natal, Chiropody, School Health.
Maidenhall Clinic, Halifax Road Tel: 52687	Child Health, Ante-Natal.
Rushmere Hall Clinic, Lanark Road	Child Health





**SECTION I**  
**STATISTICAL INFORMATION**

Vital Statistics

Population

Births, Marriages and Deaths

# VITAL STATISTICS

England  
and Wales  
1969

	1968	1969	
Area of the County Borough (including the fresh water river)	9,925 acres	9,925 acres	
Rateable value as at 31st March	£5,369,650	£5,497,014	
Product of Id. rate	£21,766	£21,900	
No. of hereditaments described in the . . . rate book as 'inhabitable dwellings'	39,629	40,560	
at 31st March			
	House and flats		
	House Shops	659	
Estimated home population (R.G.'s mid-year estimate)	121,700	122,050	48,826,800
BIRTHS			
Live Births			
Total	2,106	2,100	797,542
Legitimate	1,883	1,889	730,500
Illegitimate	223	211	67,042
Live Birth Rate per 1,000 population	17.3	17.2	16.3
Live Birth Rate as adjusted by A.C.F. * (1.01)	17.47	17.4	16.3
Illegitimate live births as % of all live births	10.7	10	8
Stillbirths			
Total	27	25	10,662
Legitimate	23	23	9,555
Illegitimate	4	2	1,107

	1968	1969	England and Wales 1969 13
Stillbirth rate per 1,000 total (live and stillbirths)	12.65	12	
Total live and stillbirths	2,133	2,125	808,204
Total			
Legitimate	1,906	1,912	740,055
Illegitimate	227	213	68,149
DEATHS			
Total Deaths (all ages)	1,447	1,421	579,463
Death Rate (number of deaths per 1,000 population)	11.8	11.6	11.9
Death Rate as adjusted by A.C.F.* (0.96)	11.5	11.1	11.9
Maternal Deaths	2	1	-
Maternal Mortality Rate (maternal deaths per 1,000 live and stillbirths)	0.97	0.47	-
Infant Deaths under 1 year	29	30	14,397
Total Infant Mortality Rate (deaths under 1 year per 1,000 live births)	14.2	14	18
Legitimate Infant Mortality Rate	10.4	14	17
Illegitimate Infant Mortality Rate	31.1	14	25
Neonatal Mortality (deaths in first 4 weeks)	16	15	9,603

	England and Wales	
Neo-natal Mortality Rate	1968	1969
Early Neo-natal Mortality (deaths in 1st week)	7.59	7
Early Neo-natal Mortality Rate	15	12
Perinatal Mortality (combined stillbirths and deaths in 1st week)	7.12	6
Perinatal Mortality Rate (combined stillbirths and deaths in 1st week per 1,000 live and stillbirths)	42	37
	19.6	17
		23

\*A.C.F. is the area comparability factor calculated by the Registrar General, and when this is applied to the crude birth rate, the resulting figure is what the birth rate would be if Ipswich had a theoretical standard population. This is necessary because comparison between birth rates of towns is complicated because all towns do not have a population of the same composition. Some areas attract a larger number of retired people and so the birth rate may seem unduly low, whilst other areas may have a high proportion of young married people, with a resultant high birth rate. By means of the A.C.F. all birth rates are based upon this same standard population, and comparison between areas is possible. The same principle is applied to deaths, as obviously some towns with a higher proportion of elderly people, will have more deaths than a town with a comparatively young population.

## TEN YEARS AT A GLANCE

	Population	Total Live Births	Birth Rate		Total Deaths	Death Rate	
			Ips.	E and W		Ips.	E and W
1960	115,780	2083	18.0	17.1	1233	10.65	11.5
1961	117,230 (+1450)	2101 (+18)	17.2	17.4	1253 (+20)	10.69	12.0
1962	118,410 (+1180)	2154 (+53)	18.2	18.0	1307 (+54)	11.03	11.9
1963	119,440 (+1030)	2223 (+69)	18.8	18.2	1418 (+111)	11.87	12.2
1964	120,120 (+680)	2316 (+93)	19.3	18.5	1253 (-165)	10.4	11.3
1965	120,750 (+630)	2267 (-49)	18.8	18.1	1296 (+43)	10.7	11.5
1966	121,280 (+530)	2141 (-126)	17.7	17.7	1337 (+41)	11	11.7
1967	121,670 (+390)	2070 (-71)	17.0	17.2	1263 (+26)	10.3	11.2
1968	121,700 (+30)	2106 (+36)	17.3	16.9	1447 (+184)	11.8	11.9
1969	122,050 (+350)	2100 (-6)	17.2	16.3	1421 (-26)	11.6	11.9

( + up  
on previous years figure)  
( - down

## MARRIAGES

Year	No. of Marriages	Marriage rates per 1,000 living	
		Ipswich	England and Wales
1965	938	15.5	15.5
1966	976	16.1	16.0
1967	1012	16.6	16.0
1968	1120	18.4	16.8
1969	1076	17.62	

## BIRTHS

2100 births were registered in 1969, compared with 2106 in the previous year. There were 1064 males and 1036 females.

## DEATHS

## DEATHS AT THE VARIOUS AGE GROUPS DURING 1969

	- 1	1 - 4	5 - 14	15 - 44	45 - 65	65+	Total all ages
Males	11	4	1	23	190	493	722
Females	19	4	5	21	92	558	699
Total	30	8	6	44	282	1051	1421

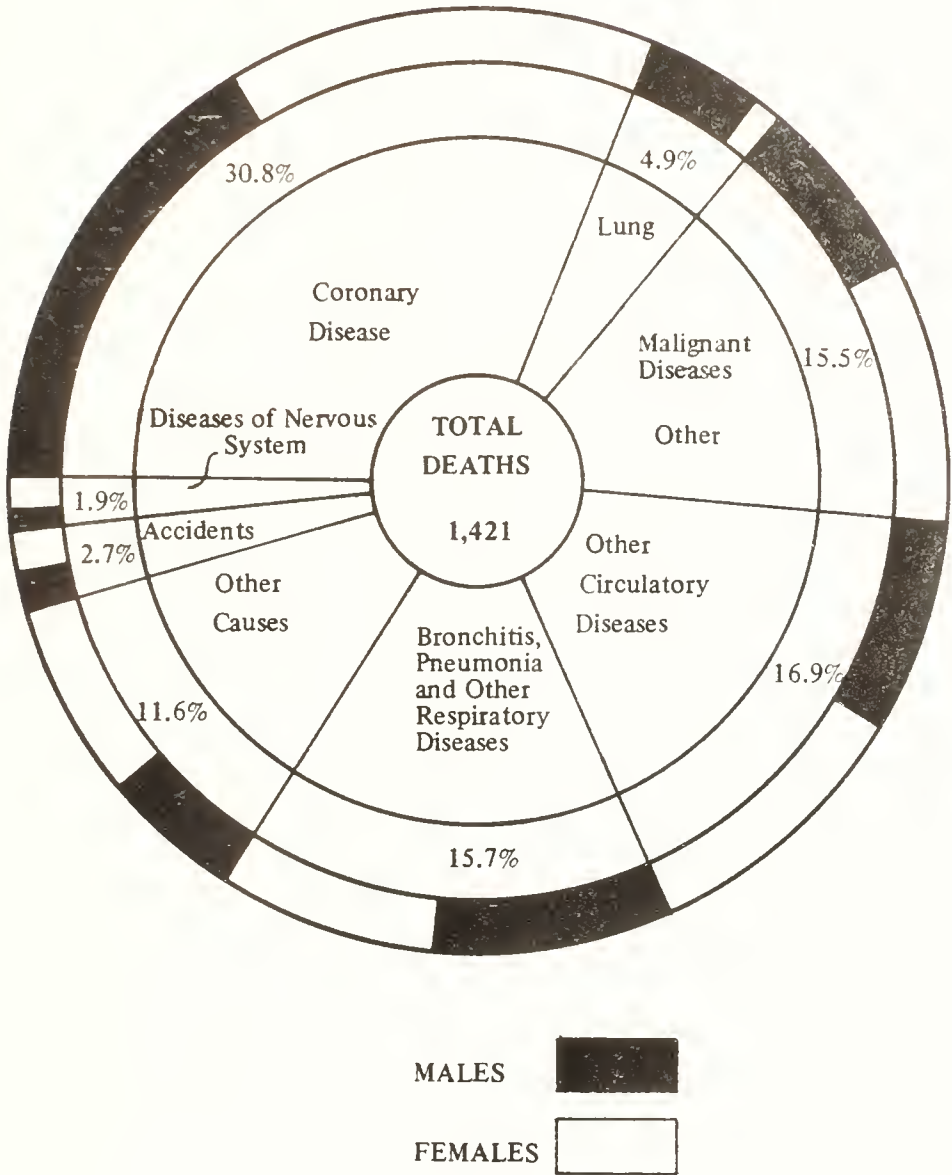
The age distribution of the deaths remains consistent and was again comparable with the previous year. Deaths of persons of 65 years and over accounted for 73.9% of the deaths (1968 - 72.9%). Coronary disease still remains the most prominent cause of death, particularly amongst males.

## CAUSES OF DEATH

	Males	Females	Total
Enteritis and other Diarrhoeal Diseases	1	1	2
Tuberculosis (Respiratory)	1	-	1
Tuberculosis (Other)	4	3	7
Meningococcal Infection	-	1	1
Other Infective and Parasitic Diseases	-	1	1
Malignant Neoplasm - Stomach	20	14	34
Malignant Neoplasm - Lung, Bronchus	59	11	70
Malignant Neoplasm - Breast	-	25	25
Malignant Neoplasm - Uterus	-	10	10
Malignant Neoplasm - Prostrate	14	-	14
Malignant Neoplasm - Intestine	16	26	42
Other Malignant Neoplasms	38	46	84
Benign and Unspecified Neoplasms	1	2	3
Leukaemia	6	1	7
Diabetes	4	9	13



## ANALYSIS OF CAUSES OF DEATH

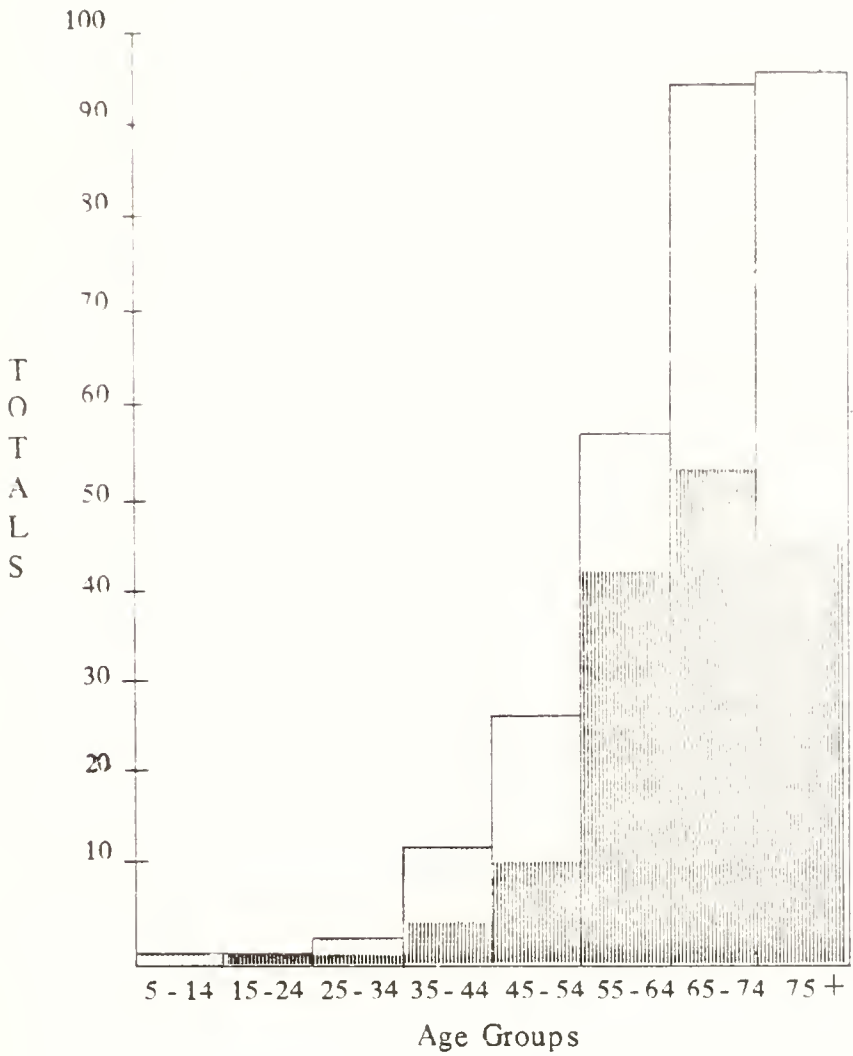


CAUSES OF DEATH (continued)	Males	Females	Total
Avitaminoses, etc	1	-	1
Other Endocrine, etc. diseases	-	4	4
Anaemias	-	3	3
Other diseases of the blood	1	-	1
Mental disorders	2	6	8
Other diseases of nervous system etc	6	13	19
Chronic Rheumatic Heart disease	5	12	17
Hypertensive Disease	6	13	19
Ischaemic Heart Disease	214	129	343
Other forms of Heart Disease	21	37	58
Cerebrovascular Disease	73	101	174
Other diseases of circulatory system	29	38	67
Influenza	6	4	10
Pneumonia	70	76	146
Bronchitis and Emphysema	29	10	39
Asthma	1	3	4
Other diseases of respiratory system	11	13	24
Peptic Ulcer	4	4	8
Intestinal Obstruction and Hernia	8	5	13
Cirrhosis of Liver	1	1	2
Other Diseases of Digestive System	7	3	10
Nephritis and Nephrosis	4	4	8
Hyperplasia of Prostrate	5	-	5
Other diseases, Genito Urinary system	2	10	12
Other complications of Pregnancy	-	1	1
Diseases of Muscular Skeletal system	3	5	8
Congenital anomalies	3	11	14
Birth injury, Difficult labour, etc	3	2	5
Other causes of Perinatal Mortality	2	4	6
Symptoms and Ill-defined conditions	5	10	15
Motor vehicle accidents	6	4	10
All other accidents	13	15	28
Suicide and self inflicted injuries	9	-	9
All other external causes	8	8	16
Totals	722	699	1,421

### INFANT MORTALITY

Year	No. of Deaths			Infant Mortality Rate	
	Males	Females	Total	Ipswich	E. & Wales
1965	27	17	44	19	19
1966	19	13	32	15	19
1967	22	13	35	17	18
1968	18	11	29	13	18
1969	11	19	30	14	18

## DEATHS FROM CANCER 1969



 Males

 Females

The causes of death and age groups in 1969 were

	Under 4 weeks		4 weeks to 1 year	
	Males	Females	Males	Females
Anaemia	-	-	-	1
Other disorders of blood	-	-	1	-
Pneumonia	-	-	1	1
Other Respiratory diseases	-	-	2	3
Int Obstruction	-	-	1	-
Congenital anomalies	1	3	-	5
Birth injury, difficult labour	3	2	-	-
Other causes of perinatal mortality	2	4	-	-
Totals	6	9	5	10

## CANCER

The accompanying histogram spotlights the incidence of this disease in the various age groups during the year. There were 289 deaths (154 males and 135 females) ascribed to cancer which brought a halt to the gradual rise of deaths from cancer over the past few years. Whether this is a temporary halt remains to be seen, but the disease continues to be the second major cause of death.

The site distribution of deaths from cancer were

Site	Males	Females	Total
Buccal Cavity	3	1	4
Oesophagus	-	3	3
Stomach	20	14	34
Intestines	16	26	42
Larynx	2	-	2
Lungs and Bronchus	59	11	70
Breast	-	25	25
Uterus	-	10	10
Prostrate	14	-	14
Leukaemia	6	1	7
All others	34	44	78

SECTION II  
NATIONAL HEALTH SERVICE ACT 1946.  
PROVISION OF HEALTH SERVICES

Co-ordination with other Health Services

Health Centres

Care of Mothers and Young Children

Midwifery

Health Visiting

Home Nursing Service

Vaccination and Immunisation

Ambulance

Prevention of Illness, Care and After Care

Home Help Service

Mental Health Service

## CO-ORDINATION WITH OTHER HEALTH SERVICES

1969 saw the dust settle on Green Paper Mark I, and at the end of the year its successor, Green Paper Mark II, was being awaited.

One of the main criticisms of the first edition had been the size of the proposed Area Health Authorities. The Royal Commission on Local Government set forth in its recommendations, published during the year, that the new type of unitary authorities would number approximately 90, and many felt that this was a pointer to a more realistic number of Area Health Authorities.

The decision to publish a second Green Paper was perhaps inevitable, and one naturally hopes that the criticisms of the first will provide the basis for more effective proposals in the second. It is obvious, however, that most support the need for unification of the health service if we are to obtain the maximum from our resources.

Locally, our links with the hospital and general practitioner services are reflected in the following:-

### 1. CO-OPERATION WITH HOSPITAL SERVICES

1.1 The Medical Officer of Health represents the Public Health staff on a number of professional organisations not least of which is the Postgraduate Medical Centre Committee. This is centred at Anglesea Road Wing and is very progressive. Here the Public Health aspects of medical education can be made known quite apart from the involvement of the Health Department in lectures and discussions at the Centre.

Details of infectious diseases notified in the town are passed automatically from the Health Department to the Centre, and an epidemiological map is maintained there so that incidence of disease is readily available to all doctors using the Centre.

1.2 The Medical Officer of Health is a member of the Control of Infection Committee which meets as necessary.

1.3 The Department is given a copy of the hospital reports to the general practitioner of pre-school and school children. This enables relevant information to be filed on the record cards and also enables any necessary follow-up by the health visiting staff.

1.4 Early discharges, including those at 48 hours, from the Maternity Unit at Heath Road Wing, are planned well in advance. The hospital notifies the Department of a booking, and a domiciliary midwife then visits the home and advises the hospital if the home conditions are satisfactory for early discharge.

After the confinement the Department is notified when the discharge is imminent and this information is passed to the

domiciliary midwife for supervision to be continued in the home.

1.5 The domiciliary midwives make full use of the Obstetric Flying Squad in emergencies, and accompany any premature infant to hospital. An incubator is provided jointly by Ipswich and East Suffolk for use in ambulances, and is maintained at the hospital.

1.6 Sterilisation of equipment for the Central Sterile Supply Depot is carried out at St. Helen's Hospital.

1.7 Mental welfare staff and health visitors attend the weekly case conferences that are held at St. Clement's Hospital, which provides for effective planning of appropriate after-care of the patient when discharged from hospital.

1.8 The Department is notified of tuberculosis patients by the Chest Clinic, and environmental reports are then submitted by health visitors.

1.9 The geriatric health visitor is based on the Geriatric Unit at Heath Road thus ensuring a close link between hospital and community services in caring for the needs of the aged.

1.10 With the co-operation of the paediatricians, members of the health visiting staff visit children in hospital, and particularly handicapped children. This is invaluable in linking the educational and welfare aspects of the child's problems with the clinical aspects dealt with by the hospital staff. The Deputy Medical Officer of Health also sees children in hospital for assessment.

1.11 Many requests are received either from the consultants or through the medical social workers of the hospitals for providing appropriate domiciliary services upon the discharge from hospital of the patient. These include the Home Help, District Nursing and Health Visiting Services. Requests for equipment under the Care and After Care Service vary from walking aids to fully operated hoists and ripple beds.

## 2. CO-OPERATION WITH FAMILY DOCTOR SERVICES

2.1 A member of the Local Medical Committee is a co-opted member of the Health Committee with full voting rights.

2.2 The Medical Officer of Health is a member of the Local Medical Committee and close and valuable contact with the general practitioners is maintained through this link and also circulars passed through the Executive Council.

2.3 Attachment of health visiting staff to group practices is commented upon elsewhere.

2.4 Family doctors are notified automatically of immunisations carried out on their patients by Local Authority staff.

2.5 Full information of the results of the Cervical Cytology Clinic is passed to the general practitioner so that any necessary



treatment can be arranged.

2.6 An audometric service is provided for any doctor who wishes to use it.

2.7 The Medical Officer of Health organises the perinatal mortality survey mentioned in the introduction, and is a member of a number of other bodies where both education and co-ordination of services is promoted:-

The Mental Hospitals Hospital Management Committee and their Medical Advisory Committee

The Geriatric Advisory Committee

The Ipswich and District Clinical Society

The East Suffolk Branch of the British Medical Association

The East Anglian Branch of Society of Medical Officers of Health.

The National Health Service Executive Council

The ad hoc Committee on Drug Dependence

The Diocesan Moral Welfare Association

## SECTION 21 - HEALTH CENTRES

Discussions began in 1969 on the provision of health centres and it was decided to examine the financial implications of providing a health centre on the periphery of the town centre. By the end of the year sketch plans had been examined and discussed and further sketch plans were being prepared. The problems of arriving at an agreed design and finding agreement on such things as staffing have proved quite considerable, but the general practitioners concerned have been very helpful in the discussions. By the end of 1970 it is hoped that the final designs will be available with details of the financial implications.

## SECTION 22 - CARE OF MOTHERS AND YOUNG CHILDREN

### CHILD HEALTH CLINICS

The Sheldon type procedure of medical examination was introduced to most clinics in 1969. Many have yet to be convinced of the value of this, feeling that there could be a better deployment of the medical resources available as this is time consuming work. The situation is being closely followed.

Child Health clinics were held weekly at seven different centres and as can be seen from the following details, the downward trend in attendances continues. Three quarters of all children born in the town are seen at least once in a child health centre.

Clinic	1965	1966	1967	1968	1969
Central	6823	5787	5163	4239	3690
Gainsborough	7185	6021	6043	5722	4480
Whitton	6578	6257	6017	6075	6236
Allington	7920	6564	6251	6012	5032
Mardenhall	1152	1154	1110	857	1041
Rushmere	1704	1662	1239	865	994
Chantry	5557	5128	5066	4634	4164
TOTAL	36919	32573	30889	28404	25637

Number of children who attended during the year				Number of Sessions held by		Total number of Sessions	Number of children referred elsewhere
Born in 1969	Born in 1968	Born 1964-1967	Total	Medical Officers	Health Visitors		
1539	1523	2375	5437	660	415	1075	17

#### EXAMINATION OF INFANTS BY MEDICAL OFFICERS

The examinations carried out by the Medical Officers are shown in the following table:-

Age	1965	1966	1967	1968	1969
- 1	4897	4586	3763	3634	3452
1 - 2	2017	1972	1758	1734	1677
2 - 3	767	562	499	579	570
3 - 4	393	354	305	382	370
4 - 5	423	386	633	617	603
Totals	8497	7860	6958	6946	6672

The Ophthalmic Consultant attends each week at the Central Clinic. The following figures relate to pre-school children examined during the year.

Number examined	123
Number of attendances	202
Number for whom glasses were prescribed	19
Number to continue present glasses	9
Number referred for treatment	13
Number referred to hospital	13

#### INFECTIOUS DISEASES

There were no cases of ophthalmia neonatorum during the year.

## MATERNAL DEATHS

There was 1 maternal death in 1969

## SUPPLY OF WELFARE FOODS AND PROPRIETARY MILK FOODS

Following discussions on the Sheldon Report, it was decided to discontinue the sale of proprietary milk foods in the clinics from 1st April 1969. The only commodities now being sold at clinics, apart from Welfare Foods, are Rose Hip Syrup and Liquid Adexolin.

## SUPPLY OF WELFARE FOODS

The following quantities were issued during 1969:

National Dried Milk	7182
Orange Juice	31292
Cod Liver Oil	1585
A & D Vitamins	1476

## EXPECTANT AND NURSING MOTHERS

Facilities for ante natal care are available at all clinics with the exception of Rushmere. In 1969, 1462 women attended these clinics. The total number of attendances was 4952. Both these figures were down on those for the previous year.

## DENTAL CARE

The number of sessions devoted to treatment by the Dental Surgeons was 140.

(a) Number of cases provided with treatment by Dental Surgeon:-

	Given first in- spection during year	Required treatment	Offered treatment
Expectant and Nursing Mothers	80	71	70
Children under five	480	338	318
Totals	560	409	388

b) Number of visits for treatment during the year:-

	Children under 5	Expectant & Nursing Mothers
First Visit	329	78
Subsequent Visits	399	204
Total Visits	728	282
Number of Additional courses of treatment other than the First Course commenced during the year	12	

	Children under 5	Expectant & Nursing Mothers
Treatment provided during the year:		
Number of fillings	468	175
Teeth filled	417	161
Teeth extracted	860	148
General Anaesthetics given	186	11
Emergency visits by patients	172	37
Patients X-rayed	3	6
Patients treated by Scaling and or removed of stains from teeth	8	35
Teeth otherwise conserved	83	
Teethroot		1
c) Supply of Dentures		
Patients supplied with full Upper and Lower (first time)		7
Patients supplied with Other Dentures		8
Number of Dentures supplied		28
d) Anaesthetics		
General Anaesthetics administered by Dental Officers		104

The figures shown indicate that the amount of time devoted to these groups is about the same as in 1968. Although the percentage of pre-school children treated in Ipswich is far higher than the National average, much of this is occasioned by the visits for pain and extraction.

If time and staffing allow, inspection of children in nursery schools and play groups could be undertaken with the parents' and organisers' co-operation. This would then ensure that more young children's teeth were being conserved with all the ensuing benefits.

### CONGENITAL DEFECTS

All congenital malformations in new-born babies are notified by local health authorities to the Registrar General. This has operated since 1964, and enables the Registrar General to obtain statistical information which might indicate any national or regional changes in the pattern of congenital malformations.

The defects found in 1969 were as follows:-

Central nervous system	8
Eyes, ears	1
Alimentary system	6
Respiratory system	1
Uro-genital system	4
Limbs	8
Other malformations	<u>1</u>
Total	29

## THE 'AT RISK' REGISTER

The 'At Risk' register is at present compiled from information on the birth notification card, and any premature baby or baby with an Apgar score rating of 6/10 or less is automatically included in the register. A hearing test is then carried out by the health visitor, after six months. At the end of the year there were 556 children on the register.

As with most screening procedures, the emphasis today is on satisfying oneself if the procedure adopted is necessary, and if so, is one making the best possible use of it. The various categories of defects which qualify a child for inclusion on the 'At Risk' register need to be analysed thoroughly, and research into this was being undertaken at the end of the year. The results would be implemented in 1970.

## NURSERIES AND CHILD MINDERS REGULATIONS ACT.

The amendments that were introduced to the Act in late 1968 began to take their effect in 1969 in that there was a sharp increase in the number of persons registered. The 1968 amendments were partly concerned with preventing illegal child-minding, and the public were reminded of this, and the penalties that can be imposed, by means of prominent notices in the local newspaper, at intervals during the year. The number of persons registered rose by 22 during the year, and many of these were only registered for one or two children. This is a substantial increase, particularly when one allows for those that gave up their activities during the year.

Ipswich has generally been fortunate in the facilities provided under the Act. In comparison with many other authorities the number of people and premises registered is high, and undoubtedly the demand that exists in the area is well catered for. The awareness of the populace to provide this stimulus for the pre-school child is reflected in the active local Playgroup Association. Seeking the ideal situation, however, one would like to see the development of more facilities for the lower social groups.

During the year it was agreed that only where it was intended for more than four children to be looked after would approval under the Town and Country Planning Act also be necessary.

The booklet 'The Child Minder' which was especially produced to inform applicants of all the aspects of the Act has proved popular and beneficial.

	Premises		Persons	
Number of premises or persons registered at end of year.	11		60	
No. of children permitted	217		414	
Type of Care Provided				
	Premises providing		Persons providing	
	All day	Sessional	All day	Sessional
	Care	Care	Care	Care
Number of premises or persons	1	10	28	32
Number of children permitted	10	207	138	276

### THE BATTERED BABY

The publication of '78 Battered Children; a Retrospective Study' by A. Skinner and R. Castle in 1969 drew attention to the battered child syndrome and the responsibilities that face the various authorities in meeting this problem. In conjunction with the N.S.P.C.C. a day conference on the 'battered child' was held at Chantry Clinic in October, and was well attended by local paediatricians, doctors, social workers and child care officers as well as medical and professional staff from our own and adjoining local authorities.

The main speakers were Miss Joan Court, Head of the Battered Child Research Department of the N.S.P.C.C., Miss Elizabeth Elmer, Director of the Infant Accident Study in Pittsburgh, U.S.A., and Mr. Roy Castle, the co-author of the Retrospective Study.

The conference underlined the greater awareness of the battered child syndrome (defined as 'clinical condition in young children who have received serious physical abuse generally from a parent or foster parent'). This recent work has laid a good base for future development and research. The basic characteristics of the 'battered child' parent had been analysed, and it was obvious that the presence of bruising in a child may have much more significance, but all the findings would be of assistance to the various workers in discovering the battered child. The major problems were the difficulties of evaluation and diagnosis and establishing the vital contact and relationship with the parents. It was important that all lines of communication be kept open, and that contact and discussion between interested local parties was paramount.

The final sombre thought on this whole issue was that no other disease had a 10% mortality rate and 15% morbidity rate.



## RESIDENTIAL ACCOMMODATION PROVIDED FOR EXPECTANT OR NURSING MOTHERS.

An annual grant is made to the St. Edmundsbury and Ipswich Diocesan Moral Welfare Association. The Welfare Worker of the Association arranges accommodation for unmarried mothers and their children in various homes and the contribution made by the Council includes a proportion towards the expenses of such accommodation.

During the year the Association arranged for six expectant mothers to be accommodated.

## MONTROSE DAY NURSERY

Situated in Rosehill Crescent, Ipswich. Tel. 52835

Matron: Mrs. G. E. Johnson

The Nursery caters for the pre-school child, from the age of six weeks onwards, and is open from Monday to Friday, from 7.30 a.m. to 6.0 p.m. 60 children can be accommodated, and at the end of the year the establishment was Matron, Deputy Matron, one Nursery Warden, three Staff Nursery Nurses and eight Nursery Students

Unfortunately, the post of Nursery Warden has been filled by a Nursery Nurse for many years because of the scarcity of Wardens. It was emphasized in 1969, that with the changing patterns in nursery care, it was necessary for every effort to be made to appoint a Warden. By the end of the year, arrangements had been made for one of the Staff Nursery Nurses to attend a 6 week course in London, early in 1970, and so qualify as a Nursery Warden. The Nursery will undoubtedly benefit from this. The total establishment has not been increased.

There was a tendency during 1969 for more emotionally disturbed children to be referred, so that they could find the necessary stability in the Nursery environment. This did, however, mean that more individual attention was needed for them from the staff. The emphasis on family grouping was also developed more during the year, whereby the children are split into groups of eight with a mother figure in charge. Both these developments tend to stretch the limited establishment. An increase in staff would enable the situation to be coped with more effectively.

A frustrating feature was that although the maximum number of children was on the register for most of the year, absenteeism was particularly heavy, and consequently, the average attendance was down.

The four Nursery Students were all successful in the N.N.E.B. Certificate examination, thus maintaining the excellent record.



## Details of Attendances

	Age	1967	1968	1969
Average daily Attendances	0 - 2 2 - 5	7.8 ) 22.0 ) 29.8	10.7 ) 25.0 ) 35.7	8.8 ) 20.9 ) 29.7
Admissions	0 - 2 2 - 5	24 ) 32 ) 56	28 ) 36 ) 64	28 ) 38 ) 66
Discharges	0 - 2	15 ) 42 ) 57	19 ) 43 ) 62	14 ) 42 ) 56

## SECTION 23 - MIDWIFERY SERVICE

Medical Supervisor - Dr. M. G. Mills

Non-Medical Supervisor - Miss F. Meacham

At the 31st of December, there was an establishment of 23 midwives and 12 pupil midwives. The difficulties in recruiting pupil midwives for Part 2 training at 7 Lower Brook Street, and outlined in last year's Report, persisted to some extent into 1969. The situation is likely to be resolved, however, with the 'import' of pupils from Colchester. Discussions have also taken place with the hospital authorities for closer integration of local midwifery training once the new Maternity Unit opens at Heath Road in 1970.

One of the encouraging developments in the service was the opening of the Central Sterile Supply Department at 7 Lower Brook Street. For some years there has been a growing awareness of the need for improved sterility of instruments and dressings used, and the old methods of boiling have long been known to be inefficient. The problem has always been to sterilise efficiently at a reasonable cost. Thanks to the opening of a central sterile supply depot at St. Helen's Hospital and the good offices of Dr. van Zwanenberg and the hospital staff, high temperature sterilisation has now become a reality.

The number of home confinements in 1969 was 897, compared with 936 the previous year. Although this continued the gradual downward trend of recent years, nevertheless the amount of domiciliary deliveries is still exceedingly high, particularly when compared to other authorities. 1,106 Ipswich mothers were delivered in institutions, which was 20 less than in 1968, and of these, 340 were discharged to the care of domiciliary midwives after approximately 48 hours.

Last year I referred to the presence of a doctor at domiciliary deliveries, the doctor being now regarded as present if he is in attendance at the end of the second stage of labour and a period immediately preceding it. In 1968 the doctor was recorded as

	1968					1969				
	Doctor (Not Booked)		Doctor (Booked)		Totals	Doctor (Not Booked)		Doctor (Booked)		Totals
	Primi- para	Multi- para	Primi- para	Multi- para		Primi- para	Multi- para	Primi- para	Multi- para	
LIVEBIRTHS										
No. of cases	-	2	292	732	1026	-	-	302	673	975
Delivery by forceps	-	-	6	4	10	-	-	10	5	15
Breech	-	-	-	-	-	-	-	-	3	3
Medical Aid called in during labour	-	-	-	-	-	-	-	-	-	-
Prematures:										
Sent to hospital	-	-	1	5	6	-	-	1	1	2
Remained at home	-	-	8	14	22	-	-	6	12	18
Patient sent to hospital during labour	-	-	54	38	92	-	-	53	29	82
Deaths of infants retained at home (within 14 days)	-	-	-	-	-	-	-	-	-	-
Obstetrician booked and present	-	-	181	305	486	-	-	170	267	437
STILLBIRTHS										
No. of cases	-	-	2	2	4	-	-	1	3	4
Delivery by forceps	-	-	-	-	-	-	-	-	-	-
Breech	-	-	-	-	-	-	-	-	-	-
Medical Aid called in during labour	-	-	-	-	-	-	-	-	-	-
Patient sent to hospital during labour	-	-	-	2	2	-	-	-	-	-
Macerated foetus	-	-	1	-	1	-	-	-	-	-
Obstetrician booked and present	-	-	2	-	2	-	-	1	1	2

present at delivery in 50% of cases. After discussion with the general practitioners, it was decided to investigate the stage at which doctors attended confinements, as clearly even though the present definition is an improvement, the problems in domiciliary midwifery arise more commonly in the third stage than at any other time. The figures for 1969 show that in 60% of cases the doctor was present before the end of the third stage, but that in more than a further 33% of cases the doctor arrived very shortly after the delivery of the placenta. Indeed, in only 6.6% of cases was there no doctor present at delivery during the third stage or shortly after. This must be far better than is often the case in hospital delivery. It can be argued, of course, that in hospital a doctor is readily available in the event of difficulty, but our experience in Ipswich had always been that a general practitioner or the Flying Squad can be called very readily. The real answer must surely be the provision of beds in General Practitioner units adjacent to consultant wards.

Our encouraging experience in this town may not be shared by all areas, but it is a reflection of the enthusiasm of general practitioners for domiciliary midwifery and of the very satisfactory domiciliary midwifery service that is available in the town.

During 1969, there were 4 calls on the Flying Squad where the midwife was present, compared with 6 in 1968.

68 midwives notified their intention to practise in the town.

### PHENYLKETONURIA

For some years a rare condition known as phenylketonuria has been known to occur amongst children. It is caused by an inability of the body to use certain constituents of proteins in the diet and if untreated leads to severe mental subnormality. It can, however, be treated by a special diet which must be started in the first few weeks of life. Naturally, the diagnosis must be made early, and the system has been to test the urine of infants at about 3 and 6 weeks with a chemical paper called Phenistix. Unfortunately, however carefully the system is carried out, it is known that the occasional case can go undiagnosed.

Towards the end of 1968, the Ministry of Health accepted that the Phenistix test should be replaced by the Guthrie Test, which had been proved a much more reliable test. It involved taking a sample of blood from the heel of the infant at approximately 9 days. Unfortunately, the introduction of this Test was delayed as plans for supplying the necessary laboratory facilities were worked out, but it is hoped to start early in 1970.

## SECTION 21 - HEALTH VISITING

Superintendent Health Visitor: Miss J.M. Stables  
 9 Lower Brook Street  
 Ipswich. Telephone No. 54311

There is an establishment for the equivalent of 20.2 health visitors. The number in post at 31st December was 1 Senior Health Visitor, 3 Centre Superintendents, 1 Geriatric Health Visitor, 11 full-time and 1 part-time health visitors, and 1 full-time and 8 part-time clinic nurses.

Miss J. M. Stables has submitted the following report on the service:-

"Two bursary students completed their training successfully and joined the staff as full-time health visitors in September. Three bursary students are at present undertaking training on the Health Visitors Training Course at the Civic College, Ipswich. For the first time the establishment although inadequate, is full, and it would appear that having a training course locally has been instrumental in bringing about this position. To date five members of the staff trained on the course at the Civic College. Two of the health visitors appointed as field work instructors have continued to undertake the practical training of student health visitors and have devoted much time and thought to this work. The supervised continuous practice for our own students was undertaken by two of the Centre Superintendents. The liaison between the field work instructors, the Superintendent Health Visitor and the Course Tutor at the Civic College has always been excellent. The Superintendent Health Visitor has been a member of the interviewing panel for students at the Civic College.

The geriatric health visitor commenced duties in March 1969. This was a new post and demanded a great deal of effort on the part of the health visitor concerned. She has had close contact with the medico-social workers at the hospital, with the Consultant in Geriatrics, Welfare Department and the voluntary agencies concerned with the care of the elderly. Tribute should be paid to the way she has contributed and to the co-operation and liaison she has made with all concerned.

Early in 1969 a start was made with health visitor/general practitioner attachment. Later in the year another health visitor was attached to a practice. Both these attachments are proving successful and popular with health visitors and general practitioners. Comments from one health visitor attached are:-

1. She has 'more job satisfaction' and feels that she is now doing the work for which she was trained.

2. Co-operation with other agencies is easier.
3. Discussions with general practitioners are invaluable.
4. Problems are referred earlier with the possibility of taking action more promptly and avoiding complete breakdown.
5. Fuller understanding of underlying medical problems enables her to decide on course of action to try and resolve certain difficulties.
6. The families are visited as a 'whole' for a wide variety of reasons.

Over the year, which has been a very busy one, the work seems to have increased as far as both the health visitors and the clinic nurses are concerned. As we have now reached a full establishment in post some concern is felt about being able to meet all demands made on the staff."

#### VISITS BY THE HEALTH VISITORS

The figures recorded for the year are as follows:-

	No. of cases	No. of visits
Children born 1969	2054	7100
Children born 1968	1404	5179
Children born 1964-1967	3156	9483
Total effective visits		21762
Ineffective visits (no one at home)		4534
		<hr/>
Total Visits		26296
		<hr/>

#### MISCELLANEOUS VISITS 1969

	No. of cases	No. of visits
Persons aged 65 or over	301	1,671
No. of above who were visited at special request of G.P. or hospital	271	
Mentally disordered persons	15	206
No. of above who were visited at special request of G.P. or hospital	10	
Persons discharged from hospital (other than mental hospital)	4	76
Tuberculosis households visited	16	47
Households visited on account of other infectious diseases	10	35

	No. of cases	No. of visits
Other Cases	292	<u>2,198</u>
Total effective visits		4,233
Ineffective visits (no-one at home)		<u>186</u>
		<u>4,419</u>

The visits undertaken by health visitors have again increased compared with the figures for the previous year. Part of the increase of just over 5,000 may be explained by the full establishment. Despite these increases, there is still concern felt that because of the restrictions of establishment, the health visitors are not able to operate to the full extent of their duties.

### MOTHERS CLUBS

The launching of a Mothers Club at Chantry Clinic had an encouraging initial response, and added to those already organised at 9 Lower Brook Street and Whitton Clinic. The growth of ladies organisations in general has been a feature of recent years, but in this modern society the Mothers Club should have a ready place. Its basic functions still remain the same - to provide a meeting place for people with a common interest, and at the same time put over health education in an informal setting.

### SECTION 25 - HOME NURSING SERVICE

Superintendent: Miss D.A.I. Street

Headquarters: Allington House, Woodbridge Road.

Telephone 78631

The establishment remains at 1 Superintendent and 25 District Nurses, and was maintained at full strength. Those staff that left were quickly replaced. The cases attended during the year were:-

Number of patients visited	1,496
Number of patients under 5 years	23
Number of patients over 65 years	1,044
Total number of nursing visits made	69,010

Miss D. Street, Superintendent of the service has submitted the following report on the service:-

#### *'Students on District'*

Lectures have been given to Student Nurses from Ipswich and East Suffolk Hospitals, Pupils Nurses from St. Helen's Hospital, Pre-Nursing Students at the Civic College and senior school girls. Hospital Nurses spend a day out with the District Nursing



Sisters in their third year of training.

### *Refresher Courses:*

Mrs. Gardiner and I attended a conference in London on 'Challenges and Opportunities for District Nursing in the 1970's' at the Royal College of Surgeons.

Five members of the staff attended Study Days at Norwich.

A Male Nurse attended a conference in London on Diabetes. This is a problem both of nursing and education. So often the patient needs to be taught to cope with his own illness rather than rely on the nursing service.

We continue to work in good liaison with our colleagues in the Health Department, the hospitals and voluntary organisations.

The number of nursing visits has increased by over a thousand and we have been much concerned with medico-social problems of patients aged and ill, living alone and no longer able to cope with day to day care of themselves and their homes.

The staff are all dedicated workers and do much for their patients beyond the call of duty, working long hours with heavy and difficult cases without grumbling. There is an urgent need for ancillary help, e.g. Auxiliary Nurses to ease the load by undertaking non-specialised duties.

I have given talks in my off-duty time to various Women's Organisations in the town on 'The Home Nursing Service'.

We enter the seventies fully aware of the changing pattern of nursing and the possibility of nursing attachment to General Practices and we welcome any change which will ultimately benefit the patient'.

	No of cases attended by Home Nurses during the Year			No of visits paid by Home Nurses during the Year		
	Male	Female	Total	Male	Female	Total
Medical	398	756	1154	14973	38272	53245
Surgical	115	188	303	5222	9384	14606
Tuberculosis	5	2	7	91	744	835
Maternal						
Complications	-	26	26	-	217	217
Others	-	6	6	-	107	107
<b>TOTALS</b>	<b>518</b>	<b>978</b>	<b>1496</b>	<b>20286</b>	<b>48724</b>	<b>69010</b>
<b>Totals for 1968</b>	<b>523</b>	<b>975</b>	<b>1498</b>	<b>22311</b>	<b>45854</b>	<b>68165</b>

## SECTION 26 - VACCINATION AND IMMUNISATION

In conjunction with the Management Services Unit, a new procedure was adopted in 1969, in an attempt to improve the vaccination and immunisation rates. As from the 1st January,

TABLE 1 - COMPLETED PRIMARY COURSES

Type of Vaccine or Dose	YEAR OF BIRTH												Others Under Age 16		TOTAL
	1969		1968		1967		1966		1962-65						
	L.A.	G.P.	L.A.	G.P.	L.A.	G.P.	L.A.	G.P.	L.A.	G.P.	L.A.	G.P.			
Triple	-	41	287	349	27	9	10	12	22	12	-	2	771		
Diphtheria/Tetanus	-	-	1	-	-	2	2	-	75	1	18	1	100		
Tetanus	-	-	-	-	-	-	-	-	-	3	29	35	67		
Poliomyelitis	-	21	294	359	31	34	25	16	111	13	19	4	927		
Measles	-	5	118	160	192	186	126	128	250	225	38	8	1436		
TOTAL immunised against Diphtheria	41		637		38		24		110		21		871		
TOTAL immunised against Whooping Cough	41		636		36		22		34		2		771		
TOTAL immunised against Tetanus	41		637		38		24		113		85		938		
TOTAL vaccinated against Poliomyelitis	21		653		65		41		124		23		927		
TOTAL vaccinated against Measles	5		278		378		254		475		46		1436		





1969, a master card for vaccination and immunisation is being made out for every child born in the Borough, together with a Branch Clinic card. These cards are comprehensive with space for all vaccination and immunisation procedures to be entered.

The master card is retained at Elm Street to form the Central Register, and the branch card is initially forwarded to the health visitor with the infant record card. Upon her first visit to the home, the health visitor endeavours to obtain parental consent, and at the same time gives to the parent a letter from the Medical Officer of Health, outlining the vaccination and immunisation procedures. This letter has also been printed in the Italian and Urdu languages to cater for the immigrant population. Once the parental consent is obtained, arrangements are then put in hand for the immunisation to be carried out, and details of the injections, etc., are entered on both the master and branch cards. If a parent decides to have the injections through the family doctor, the information is then obtained via the Executive Council.

One of the main advantages of the system is that it does enable a check to be maintained on every child, and any defaulters are automatically followed up. This should result in a higher immunity rate which is the main objective. With the adoption of the new immunisation schedule, whereby infants receive their first injection at the age of six months, the full effect of the system will not be felt until 1970. The new schedule was also responsible for the sharp drop in primary courses simply because it now takes eight months for the three injections to be effected, and most of those immunised in 1969 will complete the course in 1970.

#### Vaccination against Smallpox

Age Group	Primary Vaccinations		Re-vaccinations	
	By G P 's	By L A	By G P 's	By L A
Under ) 0 - 3 months	-	1	-	-
One ) 3 - 6 months	2	-	-	-
Year ) 6 - 9 months	4	-	-	-
) 9 - 12 months	14	2	-	-
1 year	464	316	11	-
2 - 4 years	107	88	14	1
5 - 15 years	46	12	92	9
Over 15 years	171	2	535	6
TOTALS	808	421	652	16
	1,229		668	

## SECTION 27 - AMBULANCE SERVICE

Chief Ambulance Officer: R.M. Hopwood

Headquarters: Wolsey Street. Telephone: 56407

The service benefitted during the year with the implementation of some of the recommendations of the Management Services Unit which were reported in 1968. The creation of the shift leader system has introduced a line of command amongst the personnel, which was necessary. The emphasis on training of ambulance personnel was heightened during the year, and it is important that our plans for training, particularly at local level, do in fact materialise in 1970.

Mr. R. M. Hopwood, Chief Ambulance Officer, has submitted the following report on the service:-

"Although the service continued to operate from the poor premises in Wolsey Street it provided an efficient service to the public. The accommodation does not offer itself for modification and by the expansion of the service and the increasing demand for proper training facilities the requirement for new and more extensive premises becomes even more urgent. The evacuation of the vehicle maintenance workshop to the central repair depot will, however, make way for limited training on the completion of renovations to this room. It is envisaged that training on the premises will commence some time in the autumn of 1970.

The demands made upon the service again increased during the year by about the same proportions as in previous years, and in order to cope with the three year build up of this increased demand, one additional ambulance and two more driver/attendants were secured. This brings the strength of the fleet to eight ambulances, three dual-purpose ambulances and one sitting case car.

The service has been strengthened by the up grading of the Senior Driver to the post of Station Officer, 1 suitably qualified driver/attendant to Training Supervisor/Shift Leader, and five driver/attendants to Shift Leaders, the staff now comprising of:-

- 1 Chief Ambulance Officer
- 1 Station Officer
- 1 Training Supervisor/Shift Leader
- 5 Shift Leaders
- 21 Driver/Attendants

I am pleased to report that one member of the staff qualified as a graduate member of the Institute of Ambulance Officers. Others are given encouragement to follow suit.

During the year four members of the staff volunteered in their own time to be trained by the Chief Ambulance Officer in order to participate in local first-aid competitions, and subsequently excelled themselves by being placed seventh in the national finals of the ambulance services competition held at Harrogate.

### STATISTICS

#### Patients Carried

	1967	1968	1969
Ambulances	12804	13270	14098
Others	<u>20959</u>	<u>21468</u>	<u>22615</u>
	33763	34738	36713
	1967	1968	1969
Other services including Midwives and equipment	131	144	115

#### Details of Cases Dealt With

##### AMBULANCES

	1968	1969
Maternity	440	406
Midwives	144	115
Accidents	874	782
Emergencies	2592	2936
Infectious	3	5
General	<u>9217</u>	<u>9854</u>
	13270	14098
Sitting Cases	<u>21468</u>	<u>22615</u>
Grand Totals	34738	36713

##### HOSPITAL CAR SERVICE

No. of journeys undertaken	1018	1058
No. of patients carried	4375	4825
No. of miles run	17103	19522

113 patients were conveyed 9,060 miles by rail, and 2 patients were conveyed by helicopter.

##### EAST SUFFOLK COUNTY COUNCIL

The long standing arrangement for co-operation and mutual aid between the two authorities continued as in previous years. 1,271 cases were transferred to the County Council's ambulance

service during the year.

## SECTION 28 - PREVENTION OF ILLNESS, CARE AND AFTER CARE

### B.C.G. VACCINATION

B.C.G. testing and vaccination of children aged 13 years and over is carried out in the schools. Details are included in the Annual Report of the Principal School Medical Officer.

### TUBERCULOSIS

Close co-operation exists between the local authority and the hospital services. When notifying a case of tuberculosis, the Chest Physician encloses an environmental report form, which is completed by the Health Visitor. Arrangements are then made for the contacts to be followed up.

### CARE AND AFTER CARE EQUIPMENT

Various items of equipment are available from the Health Department and during the year included the following:-

Bedsteads and bedding, crutches, hoists, walking aids, commodes, lifting pole, toilet aid, infra-red lamp and speech training hearing aids. An incinerator was installed at one household.

Nursing equipment and apparatus is provided through the St. John Ambulance Association (Local Comforts Depot) to whom an annual contribution is made by the Corporation.

### RECUPERATIVE HOLIDAYS

One patient was sent for a recuperative holiday.

### HEAF TESTING

Heaf testing of school children was continued during the year and the results are given in the report of the Principal School Medical Officer.

### THE PREVENTION OF BREAK-UP OF FAMILIES

The arrangements of co-ordinating the work of the various social agencies continued during 1969. The annual contribution of £250 was made towards the cost of providing an N.S.P.C.C. Social Worker.

### CHIROPODY

Number of persons treated during the year.

	By Local authorities	By voluntary organisations	Total
Persons aged 65 and over	2953	-	2953
Expectant Mothers	2	-	2
Others	30	-	30
Total	2985	-	2985

Number of treatments given during year:

	1966	1967	1968	1969
In Clinics	7449	8145	8234	9756
Domiciliary	2370	2661	2864	3710
Old People's Homes etc.	<u>732</u>	<u>945</u>	<u>785</u>	<u>917</u>
Total	10551	11751	11883	14383

Number of sessions given during the year

	1966	1967	1968	1969
Clinics	1166	1257	1255	1492
Domiciliary	508	577	627	810
Old People's Homes etc.	<u>84</u>	<u>124</u>	<u>104</u>	<u>123</u>
Total	1758	1958	1986	2425

Number of patients being treated at 31st December

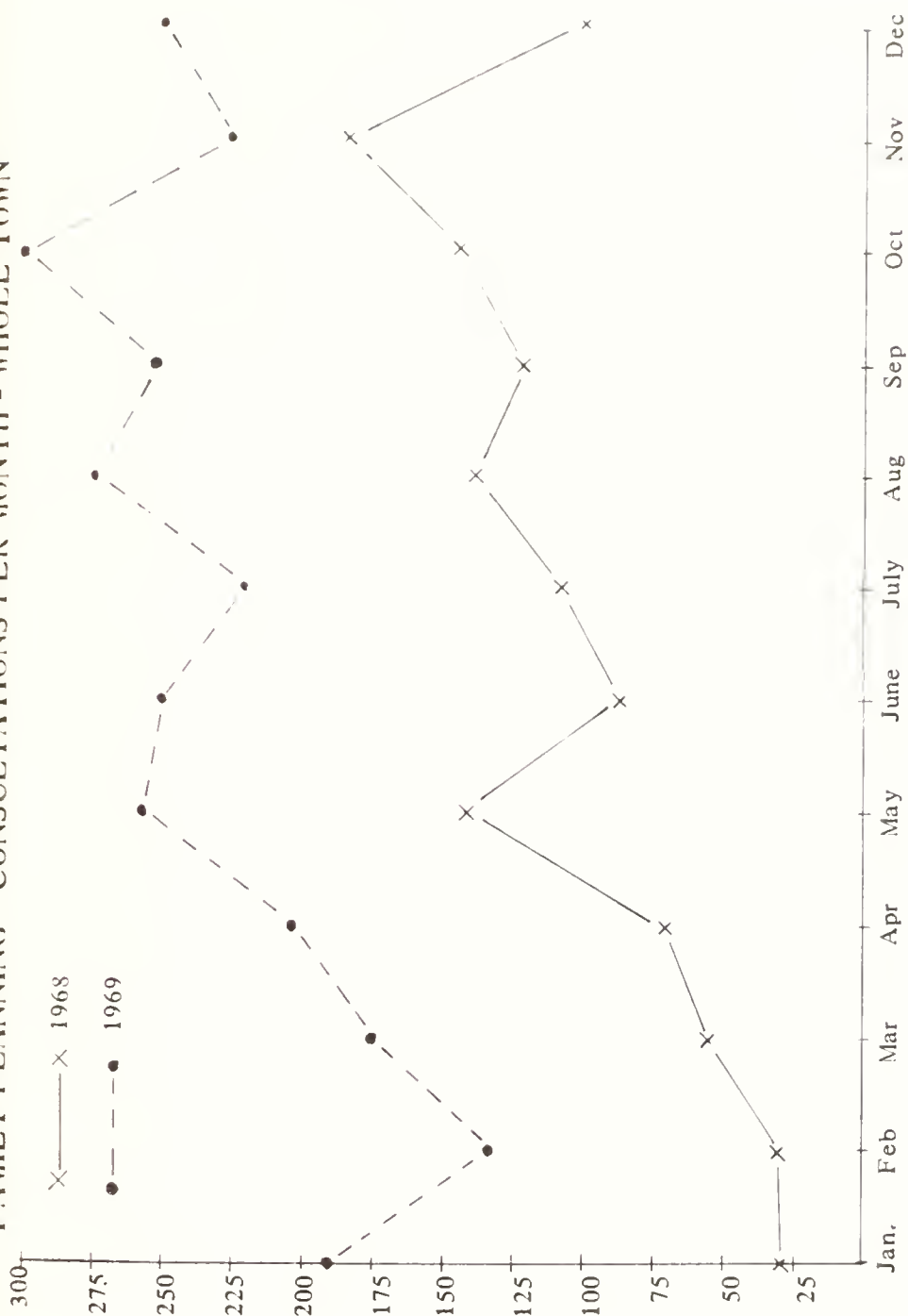
	1966	1967	1968	1969
Clinics	1245	1298	1478	1618
Domiciliary	496	571	617	709
Old People's Home etc.	<u>155</u>	<u>143</u>	<u>123</u>	<u>154</u>
Total	1896	2012	2218	2481

The Chiropody service still remains one of the most popular services provided by the local health authority. The establishment of three full time chiropodists and seven part-timers (equivalent of 51½ sessions per week) remained the same, but will be unable to cope with the ever increasing demand.

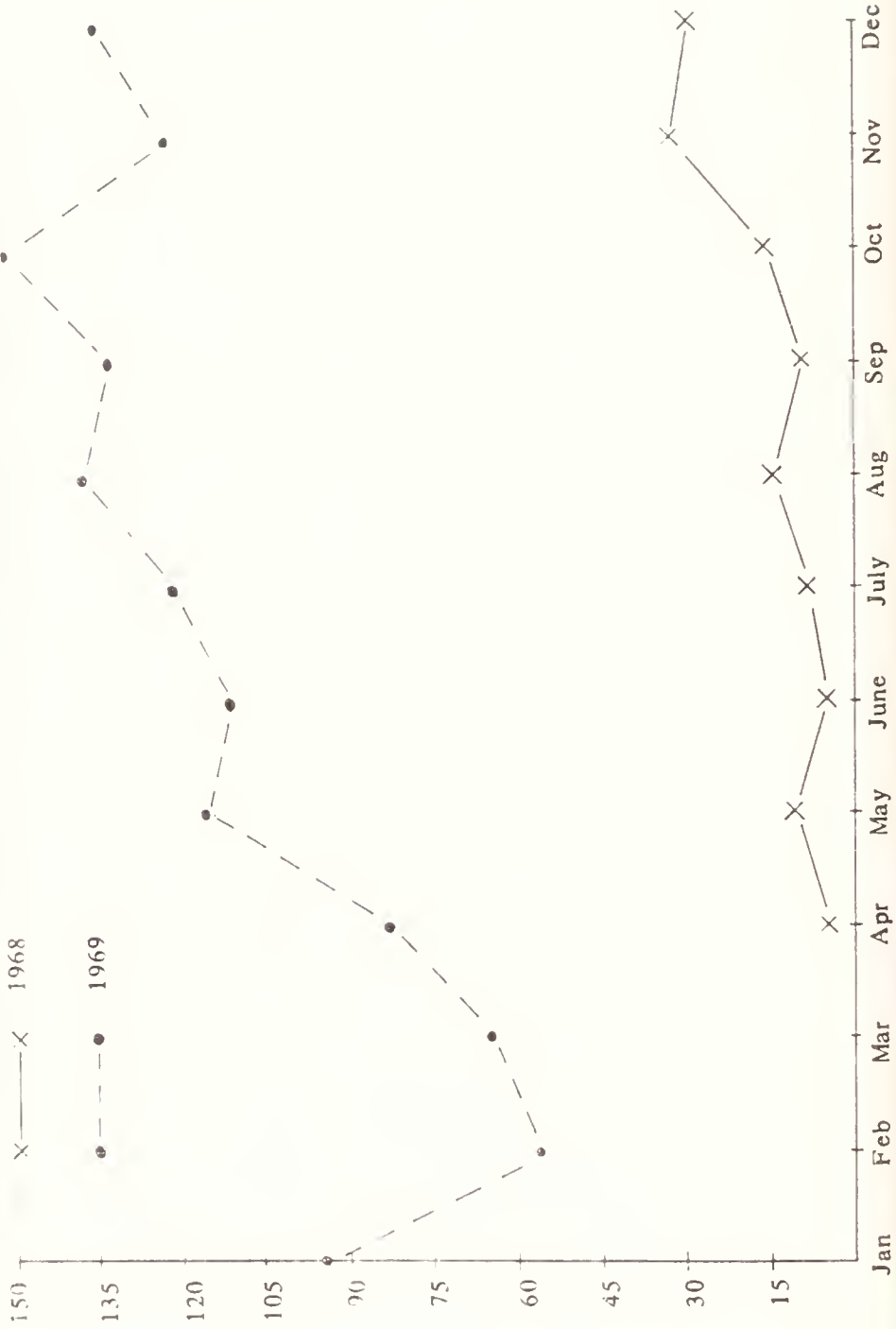
#### FAMILY PLANNING

During the year the demand for family planning advice has continued to increase. The number of visits by patients rose from 1,091 in 1968 to 2,596 in 1969. This represents a considerable

## FAMILY PLANNING - CONSULTATIONS PER MONTH - WHOLE TOWN

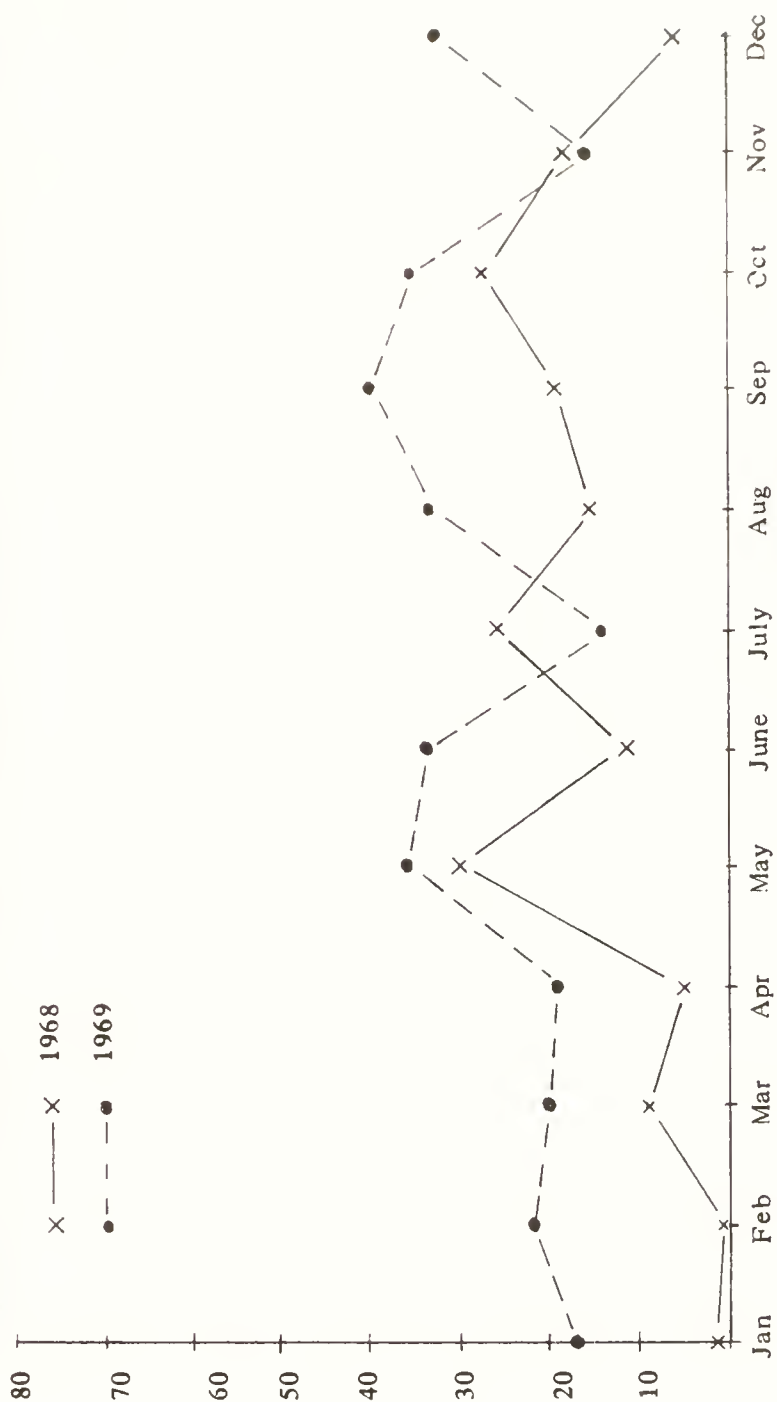


## FAMILY PLANNING - CONSULTATIONS PER MONTH - ELAM STREET CLINIC

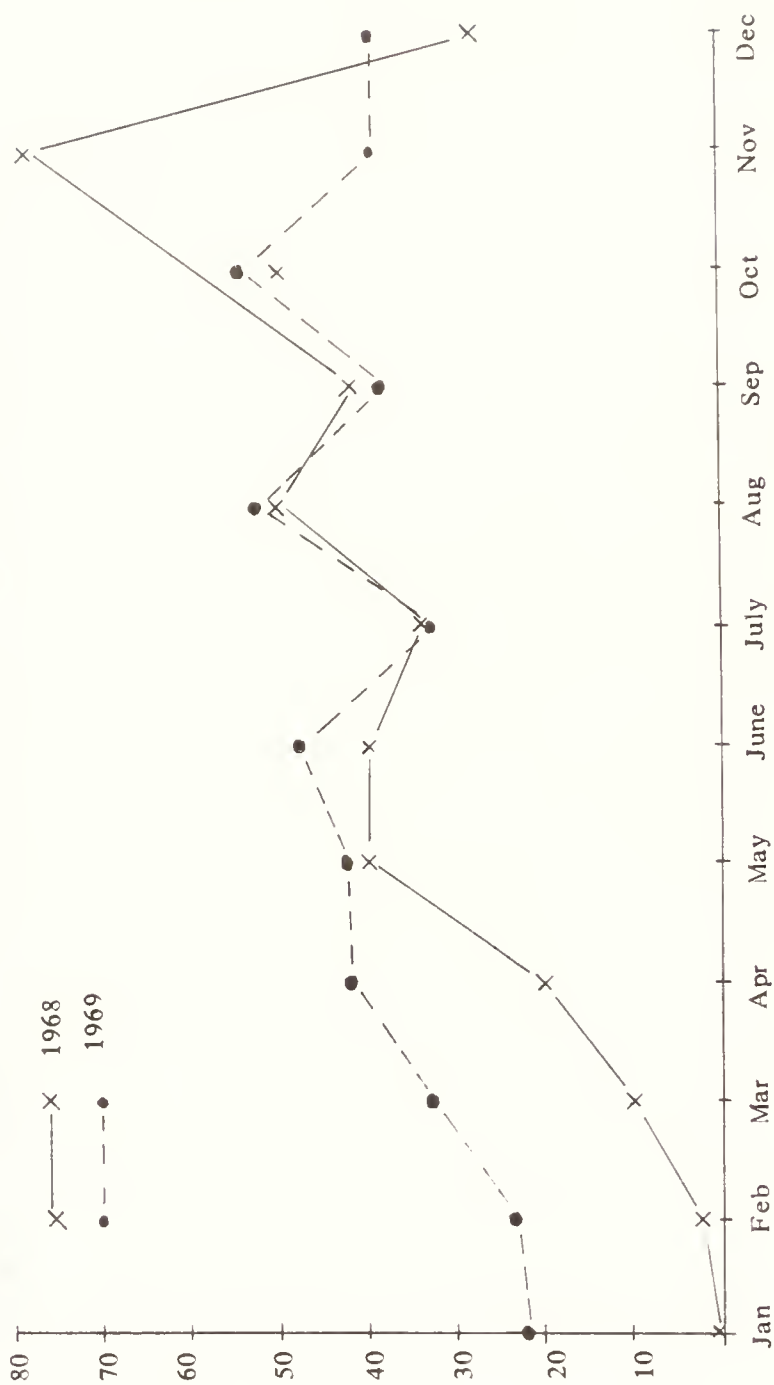




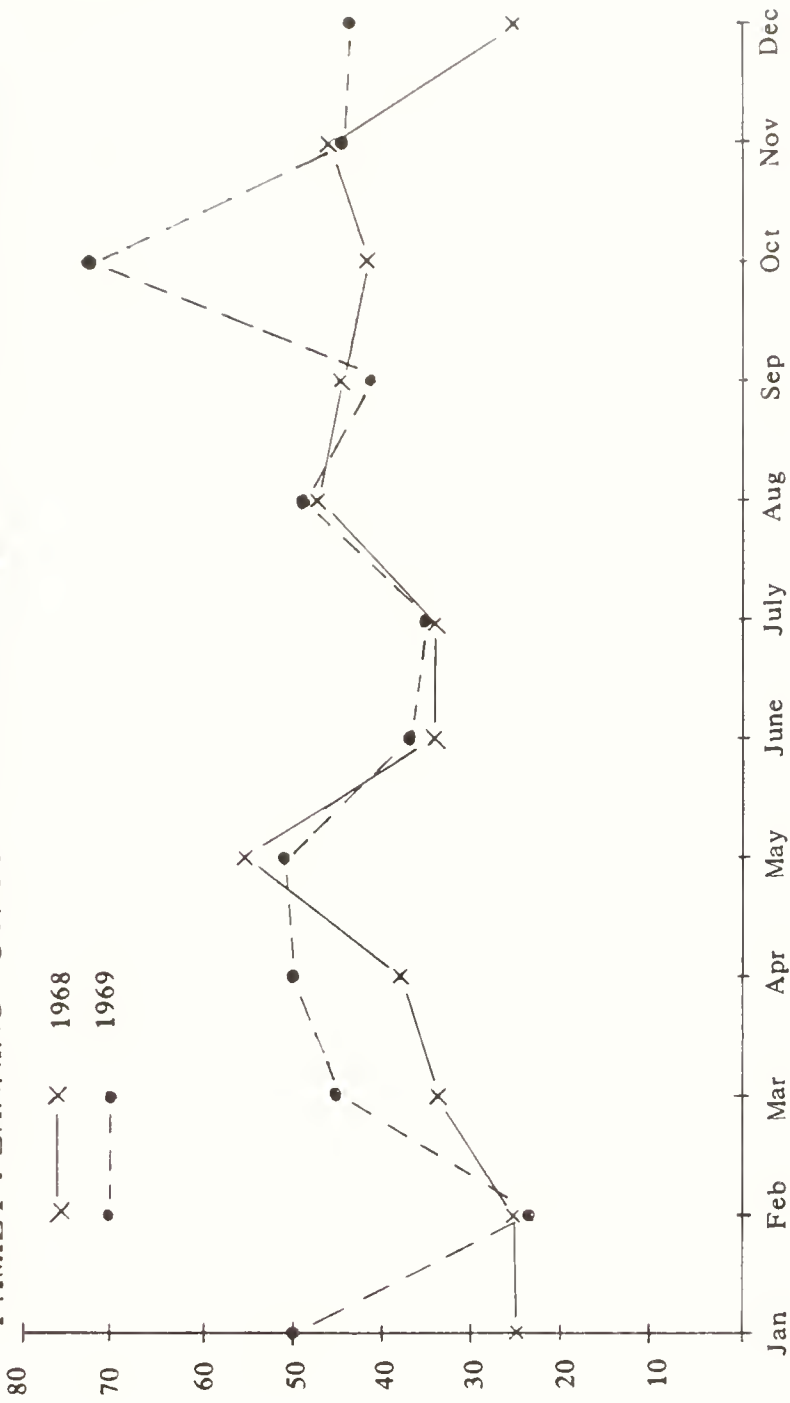
# FAMILY PLANNING - CONSULTATIONS PER MONTH - GAINSBOROUGH CLINIC



## FAMILY PLANNING - CONSULTATIONS PER MONTH - WHITTON CLINIC



## FAMILY PLANNING - CONSULTATIONS PER MONTH - ALLINGTON CLINIC



amount of medical and nursing time but the long term benefits are well worth the effort. The effort to encourage the use of this service by those in greatest need continued. As a measure of the success being achieved, it is worth quoting the social class structure of those using the service.

Social class	1	2	3	4	5
% of patients	0.5	8.5	47.5	36.5	7.0

This shows a shift towards the lower groups since last year and, though by no means reaching as far into group 5 as I should like it is encouraging.

The Gainsborough Clinic, which got off to a slower start than others, is now being much more used and is much appreciated.

The evening clinic at Elm Street held at the Family Planning Association continues to supplement our own service. Chantry remains unserved except by the central clinic at Elm Street, and at present, staffing does not allow me to start a weekly session there. Premises for the Family Planning Association have been offered at Chantry, but for the present, the Association too is unable to arrange a weekly clinic. 51% of patients were using oral contraceptives, and it has been interesting to note the very few patients who have been taking the higher oestrogen preparations recently criticised by the Scowen Committee. This is a reflection of the considerable interest in developments in this field that is taken by the medical staff running the clinics.

For all this, the services given in Ipswich by family doctors, Local Authority and Family Planning Association are far better than many areas.

#### CERVICAL CYTOLOGY

During the year 638 cervical smears were taken in the local authority clinics. 68% of these were attendances for smears only, the remainder attending for family planning advice as well. Two of the smears showed malignant cells and the patients were referred for treatment. This is an incidence of positive smears rather lower than for the region as a whole. The reason may well be the rather large proportion of patients in the younger age groups for whom smears were taken.

Perhaps more important, was the finding that 5% of the patients attending had treatable infections which, though not a threat to life, were at least causing considerable inconvenience and distress.

From the tables below, which show the percentage of patients in various age groups, social class and parity groups, it will be seen that an effort is being made to reach those in the lower

socio economic groups who suffer the highest incidence of cervical cancer. Unfortunately it is these who are least conscious of the need for the test and only 3% of our patients were from social group 5.

Social Class	1	2	3	4	5
	1.5%	15.5%	58%	22%	3%
Age	20 or less	21-25	26-30	31-35	36—
	2.5%	10.0%	20.5%	22%	45%
Parity	0	1	2	3	4
	11%	15%	40%	21%	12%

### MASS RADIOGRAPHY SURVEY

The possibility of an X-ray survey of all adults in Ipswich has long been considered by Dr. C. J. Stewart, Consultant Chest Physician, and myself, but always the task of X-raying almost 100,000 people has proved formidable. The value of such a survey would be considerable, and after consultation, it was decided that the most practical way would be to carry out the survey in stages. The survey was launched in September in the Gainsborough area. With the co-operation of local voluntary bodies letters of invitation to the Mobile X-ray Unit were delivered to each house in the area (about 2,000 of them) inviting all the adult residents for X-ray. Following this, a personal call was made by volunteer members of the Health Department on those that did not attend, and encouraging them to do so. The survey lasted six weeks.

The success of this type of approach was confirmed later in the results obtained. Of the available population of persons over 14 years of age, 3,862 attended for X-ray out of 5,626. This represented 69% of the available population. Of those X-rayed, 83 were recalled, and only 2 of those refused to attend. One case of frank tuberculosis was found, 11 heart conditions were picked up, 3 cancer of the lung, and 21 patients with other significant abnormalities. In addition, 30 people with X-ray evidence of old tuberculosis conditions were picked up and are being kept under observation.

The main deficiencies in attendances were in young adults under 25 and in males over 55. Middle aged males and females attended well.

The publication by the Department of Health and Social Security of memorandum HM(6a)97 coincided with the start of this survey. The memorandum reviewed the present effectiveness of

the Mass Miniature Radiography Service and suggested that the general need for mass radiography of the chest no longer exists. It suggested that consultation should take place between Regional Boards and local health authorities to consider how the need for Chest X-ray services in their regions can best be met. As far as Ipswich is concerned, the success of this survey has provided the answer. The next stage of the survey is scheduled for April 1970.

## HEALTH EDUCATION

The more positive approach to health education, hinted at in last year's Report was put into effect in 1969. There is still a long way to go, for a limited budget imposes its own restrictions, but nevertheless, with the plans that are envisaged, there is every hope that the movement will gather momentum. There is no doubt that there is an increasing awareness in health education and this has been developed.

The mass media are a valuable aid in health education, and by arrangement with the local 'Evening Star' a series of monthly articles on varying topics was launched. By the end of the year, articles written by Health Department staff had been extensively featured on 'Dental Care', 'Home Safety', 'Mental Health' and the fight against vermin. Our attempts to reach out to the public in this way are continuing.

Linked with the article on 'Home Safety' was a display on this theme in one of the major department stores in the town. In particular, the dangers of inadequate oil heaters were stressed. Again, the co-operation that was received from the firm concerned was most encouraging. There was more emphasis on the same theme in another display at the Suffolk Show in June. The efforts of three of the health visiting staff, Mrs. D. Burrows, Miss K. Potter and Miss P. M. Johnson created a striking exhibition which attracted 676 people.

## SEMINAR ON HEALTH EDUCATION

In conjunction with the Health Education Council Ltd., a three day seminar on Health Education was held at Chantry Clinic in May and proved very successful. Dr. A. J. Dalzell-Ward, Director of the Field Services Division, and Mr. D. Lynton Porter represented the Council at the Seminar and conducted a useful, educational and entertaining programme. The subjects ranged from 'Health Education Today and Tomorrow' to 'Modern Health Hazards' and included discussions and participation in modern health education.

One point emphasized was that despite all the changes in the

approach to health education and its subjects, the health visitor still remains the main person involved in educating the public. The attachment of health visitors to general practices and the creation of Health Centres should mean more scope for health education.

### DRUG ADDICTION

There were two important developments during the year. Firstly, the Drugs Committee formed the previous year and consisting of a representative from the General Practitioners, the Police (Drug Squad), representatives from Probation, Youth Employment, Further Education, a Psychiatrist, a Pharmacist, and the Medical Officer of Health, made further progress in education of young people. This Committee stemmed from interest in the extent to which drugs were circulating in the area, and the ways in which this could be prevented.

Once established, the Drugs Committee put forward their views to the Local Medical Committee. One view was that amphetamines were freely available and therapeutically virtually valueless. The result was a voluntary ban early in 1970 on amphetamine containing proprietary preparations, although any doctor who considered an amphetamine necessary would clearly continue to prescribe it. The overall effect of this ban was a dramatic fall in prescriptions, which resulted in local pharmacists and wholesalers redirecting the bulk of their supplies back to the manufacturers.

Although this was a very small step, which obviously could not be taken with the majority of drugs it nevertheless was an effective contribution towards the problem of drug taking.

The second development had the theme of education of young children. This time the target was school children, and how they should be made aware of the dangers of drug taking. After discussing the matter with the teachers, it was felt that initially the teachers themselves should be informed of the facts concerning drugs. Representatives of the teachers, together with a local general practitioner and the Medical Officer of Health, held a series of meetings where films and filmstrips on the problems of drugs were shown. It was decided to purchase the film 'Drugs and the Nervous System' for general showing to schools, but more important, the teachers were shown accurate and comprehensive information on drugs which would help them in turn to pass this information to the children.



The need for accurate information on this problem is quite evident, for though we have no 'drug problem' in Ipswich, some drugs are taken and to give the teenager the facts clearly and accurately may well be a useful tool in preventing further misuse of drugs.

In addition to these special projects, the normal programme of health education was continued. The dental contribution is reported elsewhere by the Chief Dental Officer. Health Visitors were involved in displays and talks in clinics and schools; the public health inspectors and other members of the staff in talks to the various organisations in the town. Dr. J. Brown, Senior Medical Officer, also launched a very successful series of talks on aspects of health education at one of the senior schools.

Finally, the introduction of a monthly staff bulletin was in itself another contribution to health education (internally!). Circulated to all members of the staff, it had grown to a 32 page publication by the end of the year.

#### VISITS TO IMMIGRANTS

COUNTRY Where passport was issued	Number of advice notes* received from ports and air- ports relating to arrival of immi- grants	Number of first success- ful visits paid to immi- grants whose advice notes were received
(A) Commonwealth Countries:		
(i) Caribbean	40	13
(ii) India	14	2
(iii) Pakistan	11	2
(iv) Other Asian	9	7
(v) African	3	1
(vi) Other	2	1
(B) Non-Commonwealth Countries:		
(i) European	20	8
(ii) Other	2	1
(C) Total	101	35

\* Advice of arrival of immigrant



## SECTION 29 - HOME HELP SERVICE

Organiser:- Mrs. C.M. Lilley

Headquarters:- 9 Lower Brook Street. Telephone 54311

The revised procedures for administering the service, as recommended by the Management Services Unit, were implemented in April, and have generally proved successful.

The great demands on the service were again in evidence during the year. Problems in recruiting home helps were encountered, although in this respect we have been fortunate in that nationally, such problems have been evident for some years. How one overcomes this, is difficult. Frequent advertisements were made for home helps and always the response was good. Unfortunately, many of these applicants soon left, once they had encountered some of the problems of a home help. This is the root of the problem because many of the modern housewives are not geared to coping with the circumstances in which some of the elderly live.

The cases attended during the year were:-

	Aged 65+ on first visit	Home Help to household for persons aged under 65 on first visit during year				Total
		Chronic Sick & T.B.	Ment. Disord-d	Mater- nity	Other	
1969	1019	65	2	65	56	1207
1968	988	2	-	95	109	1194
1967	842	-	-	133	138	1113

Although only marginal on this occasion, the upward spiral of cases continues and is only to be expected. 84% of the cases were aged 65 or over. The number of chronic sick was high this year, and this was mainly due to the calls on the service during the influenza epidemic earlier in the year. A definite trend is developing in the decline in the number of maternity cases taking advantage of the service.

During the year a total of 127,138 hours of help were provided compared with 158,472 in 1968.

At the end of the year 235 home helps were being employed, all on a part-time basis.

5 cases were provided with help through the night attendant service.

## SECTION 51 - MENTAL HEALTH SERVICE

Mental Health Officer:- Mr. R. G. Wythe

Headquarters:- 9 Lower Brook Street. Telephone 56986

Mr. R. G. Wythe has submitted the following report on the service:-

### STAFF

This year an additional trainee was appointed to the service and the establishment now is:-

One Mental Health Officer, three Mental Welfare Officers and two trainees, one of whom is seconded to the two year course for the certificate in Social Work. After his return in September 1970, the additional trainee will be seconded, should he be accepted for such a course.

### CO-ORDINATION WITH HOSPITAL AUTHORITIES (MENTAL ILLNESS )

Weekly case conferences with the medical staff at St. Clement's Hospital prove to be most useful and worthwhile. 229 referrals were made to the service which resulted in frequent home visits and after care support to the patients and their families.

This year 242 admissions were dealt with by the service. 86 patients were admitted outside normal working hours. There were 40 fewer admissions than in the previous year. It is rather interesting to note that since 1961 (which was the first complete year of the Mental Health Act, 1959) there has been an increase of admissions through the service. The figure for 1961 was 341 and now in the past two years there has been a drop of 99. These recent figures are most encouraging but with these decreases comes an ever increasing demand on the service for Community Care.

## Summary of Admissions

Form of Admission	Male	Female	Total
Informal admission	32	58	90
Section 25 (Observation)	12	33	45
Section 26 (Treatment)	3	6	9
Section 29 (Emergency)	36	34	70
Section 60 (Court Order)	3	-	3
Section 136 (Assisting Police)	-	-	-
Return from leave of absence	11	14	25
<hr/>			
Total number of admissions	97	145	242
<hr/>			

## THE MENTALLY SUBNORMAL

21 children were provided with short term care, 4 of these being provided for privately by the Local Authority. Three permanent beds became available. Two of these were taken by male patients of Heathfields as arranged with the Regional Hospital Board. The third bed was taken by a female.

There remain, however, 31 patients on the waiting list for permanent care. Of this total, 7 are on the critically urgent list.

Providing short term care is proving quite a problem and vacancies are becoming more difficult to obtain each year. All our requests could be met if a hostel could be provided locally. The nearest hospital is no less than 50 miles from Ipswich. Travelling would be reduced to a minimum if patients were accommodated locally.

## NUMBER OF CASES UNDER COMMUNITY CARE

Community Care	155	121	276
Guardianship	-	-	-
<hr/>			
	155	121	276
<hr/>			

## NUMBER OF IPSWICH PATIENTS IN SPECIAL HOSPITAL

Males	106
Females	<u>73</u>
	179

# MENTAL HEALTH ACT 1959 (SUBNORMALITY)

The following subnormal patients were ascertained:-

	Males	Females	Total
Cases notified by Local Education Authority and placed under Community	7	3	10
Notified as leaving special hospital and placed under Community Care	-	-	-
Notified by Police & Courts and placed under Community Care	-	-	-
Notified from other sources and placed under Community Care	4	1	5
Total number of cases reported during 1969	11	4	15

The 10 cases notified by the Local Education Authority were children of school age and these have all been placed at Heathside Training Centre.

## FACILITIES FOR TRAINING

The following table gives details of patients in attendance at Heathside Training Centre and the Marguerite Jefferies Adult Workshop.

	Males	Females	Total
Severely subnormal, under 16 at Heathside	34	29	63
Severely subnormal, 16 & over at Heathside	5	10	15
Subnormal, under 16 at Heathside	-	1	1

Subnormal, 16 & over at Heathside	2	-	2
Severely subnormal, 16 & over at the Marguerite Jefferies Centre	16	10	26
Subnormal, 16 & over at the Marguerite Jefferies Centre	10	4	14

There are 17 trainees at Heathside awaiting adult workshop facilities. With a total of 81 trainees, the junior training centre is full to capacity. No room can be found for children considered unsuitable for Beacon Hill E.S.N. School or for the over 16's, who are awaiting adult training facilities.

#### MARGUERITE JEFFERIES TRAINING CENTRE, GT. WHIP STREET

Manager:- K. E. Howland                      Telephone 58170  
Establishment:- 2 Instructors              1 Instructor/Home Teacher

It was unfortunate that the plans for the commencement of Phase II of the workshop in 1969 were not proceeded with because of financial restrictions. The need for this extension has previously been emphasised, and the longer it is delayed, the more serious will our problems be in catering for adult trainees. The existing workshop has been full since opening in 1967. The number of adults needing the facilities of the centre will go on increasing for some years and further centres will be needed quite soon.

Mr. K. E. Howland, Manager, has submitted the following report on the progress of the Centre during the year:-

'The level of attendance at the Centre again proved high, with an average of 96%. The full complement of 40 trainees was maintained during the year. 5 men left during the year, three to employment, and two to assist at home with aged parents.

The policy of offering sound training along industrial lines was further developed during the year, and industrial work is now well established. New contracts were obtained for the manufacture of Licence Holders, Advert Panels, Car Lamp Masks, and plastic trim panels for car interiors.. In addition, trainees were employed in packing medical requisites and equipment for the Central Sterile Supply Depot for the mid-wifery service.

Variation was also introduced in the use of trainees in the routine maintenance of the Centre. Parts of the building and grounds are now maintained as part of a training programme. All protective clothing (overalls) and curtains, etc. used are made and laundered at the Centre.

It was pleasing to note that the combined Industrial contract and handicraft sales continue to average £130 per month.

## HEATHSIDE TRAINING CENTRE, HEATH ROAD

Supervisor:- Mrs. F. E. Howell Telephone 75508  
Establishment:- 9 Assistant Supervisors

Mrs. F. E. Howell has submitted the following report:-  
'1969 at Heathside was a quiet year. We only had one new member of staff - a young person whom I hope will be able to go on the Diploma Course and then at last we shall have a trained teacher on the staff. This I hope will go on in the future so that we can hold our own with other Centres.

I was allowed a much needed part time secretary. Mrs. Lillistone was appointed in April and has taken a considerable load off my shoulders.

Three boys and one girl have gone to the Marguerite Jefferies Training Centre in the year, and one girl to a Mental Sub-normal Institution.

We still have seven boys over 16 years of age and nine girls. We have 82 children on the register and the attendance on the whole was very good.

The children went on outings during the nice weather to the shops and parks, visits to the Museum and a grand days outing to Felixstowe - on a boat to Ipswich and back to Felixstowe. This was a great success.

We held our usual Garden Party. The Mayor and Mayoress kindly came to open it for us. It was well supported by Committee Members, Doctor Bush, parents and their friends. Our Amenities Fund once more was blessed through this effort.

We are able to take the children on outings and also give them each a party and birthday present with the money we collect.

We held a parents open evening for each class last year with coffee and discussions afterwards. This was very well received and enjoyed by the parents. This meant six separate evenings instead of one but I feel sure this was worthwhile.

We entered the National Association Art and Craft Exhibition at Bury St. Edmunds and won five prizes, and one painting was

put in the London Exhibition. We have not heard as yet whether it won any distinctiona.

At the end of the Christmas Term we had a combined nativity play and Carol Service., and our Christmas party was a great success to end the year.

It is with deep regret that I shall not be here after July 1970 and would like to thank everybody concerned with my work at Heathside for all the help they have given me over the years I have been associated with them.

## VOLUNTARY ORGANISATIONS

The Mental Health Service is fortunate in the help and assistance that is readily contributed by voluntary organisations and individuals in the area.

The Ipswich Mental Welfare Association arranged their usual transport for relatives to distant hospitals. Financial assistance is offered to those in need. The Mental After Care Association provides a hostel in an effort to rehabilitate the recovering mentally ill, and at the end of the year eight Ipswich residents were supported in the hostel.

Both the Training Centres benefit from the activities of the Ipswich Society for Mentally Handicapped Children. We are indeed grateful for the generosity of these organisations, together with that of other donors during the year.

On the social side the activities of the Gateway Club continued to be favourably received amongst the trainees. The Club meets at Heathside and is run on similar lines to other Youth Clubs in the town. It helps provides an excellent medium for the social training of its members.





### SECTION III

## PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

Notifiable Infectious Diseases

Tuberculosis

Venereal Disease

## NOTIFICATIONS OF INFECTIOUS DISEASES

Under the Health Services and Public Health Act (1968) and the Public Health (Infectious Diseases) Regulations 1968, the following diseases are notifiable:-

Acute encephalitis  
 Acute meningitis  
 Acute poliomyelitis  
 Anthrax  
 Cholera  
 Diphtheria  
 Dysentery (amoebic or bacillary)  
 Food poisoning  
 Infective enteritis  
 Infective Jaundice  
 Leprosy  
 Leptospirosis  
 Malaria  
 Measles  
 Ophthalmia neonatorum  
 Paratyphoid fever  
 Plague  
 Relapsing fever  
 Scarlet fever  
 Smallpox  
 Tetanus  
 Tuberculosis (including non-pulmonary)  
 Typhoid fever  
 Typhus  
 Whooping Cough  
 Yellow Fever

The accompanying tables gives details of the notifications during the year. Comparisons with the previous year are:-

	1968	1969
Measles	393	279
Dysentery	7	4
Scarlet Fever	11	31
Acute meningitis	2	5
Encephalitis	-	1
Typhoid Fever	-	2
Food poisoning	10	14
Whooping Cough	28	2
Infective Jaundice	6	6

## NOTIFICATIONS OF INFECTIOUS DISEASES (excluding Tuberculosis)

	Measles (excluding Rubella)		Dysentery		Scarlet fever		Acute Meningitis		Whooping Cough		Infective Jaundice	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 1 year	8	14	-	1	-	-	1	1	-	-	-	-
1 - year	15	15	-	-	-	-	-	-	-	-	-	-
2 - years	16	18	1	-	-	-	-	-	-	1	-	-
3 - years	17	21	-	-	1	-	-	-	-	-	-	-
4 - years	19	26	-	-	2	1	-	-	-	-	-	-
5 - 9 years	59	45	-	-	9	16	1	2	-	-	-	-
10 - 14 years	1	1	-	-	1	-	-	-	-	-	1	-
15 - 24 years	-	1	-	1	1	-	-	-	-	-	-	-
25 - over	-	3	1	-	-	-	-	-	1	-	1	1
Total (all ages)	135	144	2	2	14	17	2	3	-	-	2	4
	Acute encephalitis(infective)		Food poisoning		Typhoid Fever							
	M	F	M	F	M	F						
Under 5 year	-	1	-	-	3	-	-	-	1	1	2	4
5 - 14 years	-	-	-	-	2	-	-	-	-	-	-	-
15 - 44 years	-	-	2	6	-	-	-	-	-	-	-	-
45 - 64 years	-	-	-	1	-	-	-	-	-	-	-	-
65 and over	-	-	-	-	-	-	-	2	-	-	-	-
Total (all ages)	-	1	2	12	-	-	-	-	1	1	2	4



# AGE AND SEX DISTRIBUTIONS OF THE NOTIFICATIONS OF TUBERCULOSIS (continued)

	M	F	T	M	F	T	M	F	T	Persons
10 - 15	-	-	-	-	-	-	-	-	-	-
15 - 20	-	-	-	-	-	-	-	-	-	2
20 - 25	-	-	-	-	-	-	-	-	-	1
25 - 35	-	-	-	-	-	-	-	-	-	2
35 - 45	1	1	2	-	-	-	1	1	2	2
45 - 55	1	1	2	-	-	-	1	1	2	3
55 - 65	-	4	4	1	-	1	1	4	5	1
65 & over	5	1	6	-	1	1	5	2	7	2
Total	7	7	14	1	1	2	8	8	16	14

I am grateful to Dr. C. J. Stewart, Consultant Chest Physician, for the following statistics on the general situation in Ipswich:-

	Respiratory				Non-Respiratory				
	M	W	child	T	M	W	child	T	
No. of cases on register at 1st January, 1969	90	37	5	132	3	14	-	17	
No added to register during year	6	6	-	12	-	1	-	1	
Transfers in during year	3	-	-	3	1	-	-	1	
No. of cases removed from register	Recovered	20	6	-	26	-	1	-	1
	Died	4	1	-	5	-	1	-	1
	Others	1	2	-	3	-	-	-	-
No. of cases on register at 31st December, 1969	74	34	5	111	4	13	-	17	

## VENEREAL DISEASE

The number of Ipswich patients dealt with during the past five years is as follows:-

	Syphilis	Gonorrhoea	Other Venereal conditions	Total
1965	10	86	194	290
1966	9	134	233	376
1967	16	114	318	448
1968	12	135	401	553
1969	8	119	546	673



## SECTION IV

### MISCELLANEOUS

Medical Examination of Staff  
Public Mortuary  
Meteorological Notes  
Fluoridation  
Registration of Nursing Homes  
Fifty Years Ago



## MEDICAL EXAMINATION OF STAFF

1026 medical questionnaires were completed during the year. Medical examinations were carried out on 312 persons.

## PUBLIC MORTUARY

The Ipswich Corporation have an arrangement with the Hospital Management Committee whereby public mortuary facilities are provided at the mortuary at the Heath Road Wing of the Hospital.

During the year 269 bodies were received as public mortuary cases and post-mortems were carried out on 255.

## METEOROLOGICAL REPORT, 1969

Unlike some recent years, 1969 was of more traditional pattern, in which seasonal characteristics count for more than annual averages, with good spells of glorious warmth in the summer and a good deal of snow during the winter months. Rainfall was above normal, this overall situation including some notably long dry spells and also a few days of notably heavy rain. The 1969 mixture of rainfall extremes is typified by the fact that while 4 days of the year (May 5th, July 6th/28th/29th) produced as much as  $5\frac{1}{2}$  inches, there was a spell from September 1st to November 2nd in which measurable rain fell on only 7 days - and the total fall during these entire 63 days was only  $\frac{1}{4}$  of an inch. Further, although 1969 rainfall was about 10% above average, the year contained no less than 3 separate spells of 'official drought' (15 or more successive rainless days) - as will be seen at the end of these remarks.

January was an uneventful month, mostly mild, particularly in the latter half. In immediate contrast, February was generally cold and very snowy with severe blizzards and unprecedented gales in some parts of the country and, with temperatures failing to rise above freezing on 2 days, there was no relief until a temporary thaw on the 20th. March was a month of winter hang-over with no early promises of Spring. On the contrary, there was heavy rain around the middle of the month; temperatures were generally low and for the most part it was a miserably dull and gloomy month. April made swift amends with a welcome transformation to long periods of sun in the first week, the four days of Easter being the sunniest Easter holiday for years. Temperatures reached  $73^{\circ}$  on the 8th and 9th but thereafter the weather, though mainly dry, remained on the cool side. May was generally disappointing with unsettled weather, frequent thunderstorms and a good deal of rain, measurable precipitation occurring on all but 8 days<sup>†</sup>. On the credit side there

was a sudden and pleasant burst of heat on the 12th and 13th.

With anticyclonic conditions prevailing during the first two weeks, June was generally dry with a particularly fine and warm spell from the 10th to the 15th. This spell (the forerunner of a very fine summer which at one time looked like equalling the vintage years of 1947 and 1959) (reached its peak in July - a glorious month with temperatures above  $70^{\circ}$  on 24 days, including 4 days in the 80's and marred only by two outbursts. The first, a sudden meteorological freak, occurred on the 6th when - right in the area of a placid anticyclone - an unscheduled depression of considerable severity suddenly developed in the English Channel, capsizing the weather forecasts, some small coastal shipping, and producing almost 2 inches of unexpected rain in Ipswich. The second setback was a series of violent thunderstorms on the 28th and 29th in which torrential and almost continuous rain produced over 2 inches during the 48 hours. The weather immediately recovered and the first half of August continued in glorious fashion, with temperatures exceeding  $80^{\circ}\text{F}$  on 2 occasions but the dry, warm spell gave way to cool wet conditions and measurable rain occurred on all but one of the last 13 days. September saw a resumption of dry weather - unusually dry, in fact, with almost negligible rain on only 2 days throughout the entire month. In contrast, however, the month was generally dull, though with temperatures about average. Dry weather continued throughout the whole of October; measurable rain occurred on only 5 days and, as in the previous month, amounts were almost negligible. November was quite a different story - a month of frequent precipitation and generally mild (with two very high maximum and minimum readings on the 2nd and 3rd) until a spell of cold, snowy weather set in during the last week. This wintry weather continued generally throughout a good deal of December, interrupted only by a mild and very dull spell over Christmas (from the 21st to the 27th inclusive). During this dull period the daily range of temperature was unusually small, even for a winter month, (e.g. on the 29th the maximum and minimum readings were only  $1^{\circ}$  apart).

The following is a summary of the longest rainy and dry spells (0.01 inches being the definition of a rainy day):-

*Rainy Spells of 10 or more days duration:-*

- 13 days January 10th - 22nd
- 13 days November 25th - December 7th
- 11 days August 18th - 28th
- 10 days March 10th - 19th

Month	TEMPERATURES						RAINFALL			
	In Screen			On Grass			TOTAL	Greatest fall in 24 hours	No. of Rain days	No. of wet days
	Highest Maximum	Lowest Minimum	Lowest Maximum	Highest Minimum	Lowest Minimum	No. of Ground Frosts				
Jan.	°F 54 Dte 22nd	°F 30 5/10th Dte 5/10th	°F 38 1st Dte 1st	°F 48 Dte 23rd	°F 26 5/17th Dte 5/17th	11	Ins 2.12	Ins 0.41 Date 22nd	17	12
Feb	51 23rd	16 14th	31 8th	37 6/23 24/25th	13 14th	21	2.61	0.48 19th	19	11
Mar	55 8th	26 7th	36 2nd	41 14/15 30th	22 7th	15	2.53	0.61 12th	15	12
Apr	73 8/9th	29 3rd	44 2nd	50 10th	25 3rd	12	0.79	0.20 23rd	14	6
May	80 13th	37 20th	53 18th	57 14th	33 1st	-	3.74	0.59 5th	23	13
June	78 13/14/30th	39 7th	58 4th	57 27th	35 7th	-	1.28	0.43 23rd	10	7
July	88 16th	47 7/9th	61 7/8th	62 2nd	44 9th	-	4.30	1.78 6th	7	5
August	84 10th	45 27th	59 26th	63 10th	43 27th	-	1.76	0.39 14th	17	9
Sept	79 13th	37 28/30	60 29/30	59 11/12/15/16th	33 30th	-	0.04	0.02 26th	2	-
Oct	75 9th	41 2nd/30th	54 30/31	57 12th	36 2nd	-	0.23	0.11 14th	5	2
Nov	65 2nd	26 29th	33 29th	55 3rd	24 29th	11	3.33	0.64 25th	18	14
Dec	49 3rd	26 1st	32 5/31st	43 25th	22 1st	16	2.28	0.42 14th	23	13
Year	88 July 16th	16 Feb 14th	31 Feb 9th	63 Aug 10th	13 Feb 14th	86	25.01	1.78 July 6th	170	104

*Dry spells of 10 days or more duration*

17 days July 12th - 28th

16 days September 27th - October 12th

15 days September 1st - 15th

12 days June 4th - 15th

The last ground frost of the Spring was on April 30th (32<sup>o</sup> F).

The first ground frost of Autumn was on November 5th (32<sup>o</sup> F).

ALFRED G. GLENN, F.R.Met.Soc.

## FLUORIDATION

This was discussed during 1969 by the Social Services Committee which decided not to recommend the Council to support fluoridation.

## REGISTRATION OF NURSING HOMES

Homes first registered during the year	-
Homes on the register at the end of the year	3
Number of beds provided for: Maternity	-
Others	54 including 1 bed under Abortion Act 1967

No action was taken by the Authority during the year other than to carry out routine inspections.

## 50 YEARS AGO

Because of the war separate reports were not issued from 1916 to 1920, but extracts of the single report for those years are given and the whole report provides some interesting reading.

The death rate was 13 per 1,000 (total deaths 1016). 15% of all deaths were due to diseases of the respiratory system and 11% due to tuberculosis. Senility, heart disease and cancer each contributed 9% and the principal infectious diseases 6.5%.

"TUBERCULOSIS. The death-rate ascribed to Tuberculosis during 1911-1920 was the lowest recorded since 1841-1850. The decline in the mortality from Tuberculosis which has been so evident in the vital statistics of this borough during the last 30 years continued unchecked during the War period. The lowest recorded death rate since 1841 occurred in 1919. There were fluctuations in the death-rate during 1911-1920, neither greater nor less than fluctuations in previous decennial periods during the previous 70 years.' (notifications of TB for year

totalled 230 of which 160 were pulmonary)

'INFLUENZA. The epidemics of Influenza of the summer and November 1918, and February, 1919, considered as a whole, were the most disastrous visitations to which the town has been subjected since 1841. From first to last, at least 400 deaths must be ascribed to Influenza or its complications during the three waves that constituted the pandemic. The summer visitation was extensive but not fatal, only 10 deaths being ascribed as due to or associated with Influenza. The third wave occurred in February 1919 and was responsible for about 115 deaths. ... No preventive measure appeared to be of the slightest use.'

The notifications of infectious diseases in 1919 totalled 1161. ... 'The cases notified included 80 of Scarlet Fever (1 military)' 328 of Diphtheria (1 military), 10 of Erysipelas, 18 of Ophthalmia Neonatorum, 13 of Puerperal Fever, 1 of Poliomyelitis, 1 of Cerebro-Spinal Fever, 456 of Chicken Pox, 48 of Measles, 32 of Rubella, 1 of Encephalitis Lethargica, 26 of Primary Pneumonia, 49 of Influenzal Pneumonia, 86 of Malaria, 10 of Dysentery, and 2 of Trench Fever.'

'I call attention to the 86 Malarias. None of these were indigenous, but they provide the reservoir from which indigenous cases may arise, as the necessary mosquito is found in Ipswich'.

SECTION V

SANITARY CIRCUMSTANCES OF THE AREA

## SANITARY CIRCUMSTANCES OF THE AREA

## WATER SUPPLY

## 1. Supply Statistics

The water supply for the whole of Ipswich has been satisfactory as regards quality and quantity. The total quantity pumped during the year was 2,014,292,000 gallons compared with 1,870,262,000 gallons in the previous year, showing an increase of 144,030,000 gallons.

## 2. Purity

Samples of raw water from the pumping stations are sent regularly to the Public Analyst for bacteriological and chemical examination. Samples for bacteriological examination are also taken by the Public Health Inspectors from various premises in the Borough and during the year 96 samples were submitted to the Public Health Laboratory. All these proved satisfactory with the exception of three samples which were satisfactory on being repeated. A copy of a Certificate of Analysis of Water shown opposite can be taken as an average result.

## 3. Potential Contamination

Persons to be employed at the pumping stations are required to pass a medical examination to the satisfaction of the Medical Officer of Health before commencing duties.

## 4. The number of dwelling houses in Ipswich supplied from public water mains was 40,560.

I am indebted for much of the above information, to Mr. P. Hothersall, Water Engineer to the County Borough of Ipswich Water Undertaking.



# CERTIFICATE OF ANALYSIS OF WATER

COPY  
LINCOLNE SUTTON AND WOOD LTD  
Analytical and Consulting Chemists  
Eric C. Wood, Ph.D., A.R.C.S., F.R.I.S.  
M.W. Wood

Clarence House  
6 Clarence Road  
Norwich, NOR 29T  
Telephone Norwich 24555

Sample received 3rd September, 1969 from Ipswich Corporation Water Undertaking

11th September, 1969

Marked Whitton P.S. and Westerfield P.S.

Lab No. 8610/1/W Cert No. V. 2895

*The chemical results are stated in parts per million*

Probable Number per 100 ml. Presumptive Coliform Organisms Nil in all cases														
Distinctive Number or Name	Nitrogen			Chlorion as Chlorine	Oxygen absorbed from Permanganate (4hr., 27°C.) Whitton 0.24 Westerfield Nil	Hardness			Free Carbon Dioxide	Total Dis- solved Solids at 180°C.	pH	Iron	Lead Copper Zinc	Colonias per ml. agar at 37°C., 2 days
	Ammon- iacal	Album- inoid	Nitrate			Nitrite	Total	Carb. (Temp)						
Whitton P.S. Raw Water Bore No. 1	neg. trace	0.01	5.5	Nil	38		370	300	70	34	510	7.0	Cl Welchii = Nil Nil	Nil nil
Appearance- Clear	Deposit Nil.	Nil.	Colour: Nil.	Nil.		Taste: satisfactory.			Odour: Nil.			Fluoride = 0.2		
Westerfield P.S. Raw water	less than 0.04		7.0	Nil	60		400	280	120	34		6.95	Cl. Welchii = Nil	3

REMARKS Both these waters are of very good organic and bacteriological quality. In our opinion they are well adapted to the purposes of a public supply.

for Lincolne Sutton and Wood Ltd.

(sgd.) Eric C. Wood

## 2. SANITARY INSPECTION OF THE AREA

The Chief Public Health Inspector reports as follows:-

Analysis of Inspections	1969
Houses for detailed inspections	464
Houses for overcrowding	65
Houses for nuisances	457
Houses for disrepair	1661
Houses for verminous and filthy conditions	160
Houses for drainage	1090
Houses for Disrepair Certificates	5
Houses for Improvement Grants	259
Caravan Dwellings	32
Common Lodging Houses	44
Houses let in multiple occupation	146
Miscellaneous visits	414
<b>Total Inspections of Housing Conditions</b>	<b>4,797</b>
Slaughterhouses	1364
Butchers Shops	157
Dairies and Shops Selling Milk	480
Bakehouses	91
Ice Cream Premises	200
Fried Fish Premises	90
Other Fish Premises	54
Cafes, Restaurants and Snack Bars	178
Food Hawkers	41
Clean Food Campaign and Food Hygiene Regs.	1093
Wholesale Food Premises	36
Miscellaneous Food Premises	60
Food Inspections at P.H. Dept.	53
Grocers Shops	355
Food Inspections at Premises	102
<b>Total Inspections with reference to Food</b>	<b>4354</b>
Visits after Infectious Diseases	191

Analysis of Inspections (continued)	1969
Factories Act - Power Factories	20
Non-Power Factories	5
Outworkers	2
Building Sites	1
Sanitary Accom. Regs.	6
Offices, Shops, and Railway Premises Act, 1963	1564
Shops Act visits	225
Schools	77
Rodent Control	248
Pet Animals Acts	44
Accumulation of Refuse	306
Hairdressing Premises, Ipswich Corpn. Act	51
Fertiliser and Feeding Stuffs Act	11
Health Education	9
Port Health	860
Miscellaneous visits	414
Total of other inspections	3843
Total inspections made during 1969	12994
ANALYSIS OF WORK CARRIED OUT	
Drains smoke tested	71
Drains unblocked and cleansed	118
Drains repaired	38
Inspection chambers repaired	6
Total drainage, etc. works carried out	233
New water-closet pans fixed	2
New flushing apparatus provided to W.C.	12
Flushing apparatus to water-closets repaired	27
New W.C. seats fixed	3
Flush pipe joints repaired	5
Roof repaired	57
Chimney stacks repaired	16
Roof gutters repaired or renewed	24
Eaves-gutters and rainwater pipes repaired or renewed	42
Brickwork re-pointed	19
Dampness otherwise remedied	14
Walls cement rendered	7
Floors repaired	55
Ceiling plaster repaired	39
Wall plaster repaired	74
Firegrates repaired	8
Sashcords renewed	36
Windows repaired or renewed	55
New firegrates fixed	-
W.C. seats repaired	3
New Window Fasteners	2
Windows made to open	2
New Sink Taps	1
Water Supply Pipe repaired	-

Analysis of Inspections (continued)	1969
Cupboards repaired	-
W. C. Structures repaired	34
Skirting Boards renewed or repaired	5
New doors fixed	2
New sinks fixed	1
Yard paving repaired	2
Stairs repaired	5
Doors repaired	31
Ash bins provided	8
New sink waste pipes fixed	1
Sink waste pipes repaired	6
Waste Pipes Trapped	-
Total works carried out to houses	598
WORK CARRIED OUT TO FOOD PREMISES 1969	
Walls, ceilings, windows repaired	19
Walls, ceilings, cleansed and redecorated	21
Floors, floor coverings, repaired and cleansed	16
Stairs repaired and cleansed	4
Toilets repaired, cleansed, or artificial light, fitted	11
Wash-hand basins supplied	
together with hot and cold water	4
Hot water supply appliances fitted	5
Nail brushes, towels, etc. supplied for personal cleanliness	4
Outdoor clothing facilities provided	5
First-aid boxes supplied or re-stocked	7
Ventilation provided	3
Equipment cleansed	11
Accumulations of rubbish removed	15
Rubbish receptacles provided	2
Other works carried out	2
Total works to food premises	129
Accumulations of refuse or manure removed	17
Dirty persons cleansed	20
Total of other works carried out	37
Total work carried out during the year	997

#### PROGRESS OF NOTICES

Informal Notices served	584
Informal Notices completed	520
Statutory Notices served	42
Statutory Notices completed	32

#### SHOPS

225 visits were made to shops for the purposes of the provisions of the Shops Act, 1950.

OFFICE, SHOPS AND RAILWAY PREMISES ACT, 1963  
 151 premises were newly registered during the year and  
 426 premises received a general inspection. In all 1564 visits  
 were made to registered premises.

At the close of the year the following premises were registered  
 under this Act:-

Offices	506
Retail Shops	662
Wholesale shops, warehouses	71
Catering establishments open to the public,	
Canteens	81
Fuel storage depots	1
	<hr/>
	1321

## ACCIDENTS

The number of accidents officially notified during 1969 was 40.

Reported accidents in 1969 analysed by workplace and sex - adults and  
 young persons

Class of Workplace	Adults (18 & over)		Young Persons (under 18)		Totals
	M	F	M	F	
Offices	1	-	1	-	2
Retail Shops	9	11	1	3	24
Wholesale Departments, Warehouses	8	-	1	-	9
Catering Establishments open to the public	-	4	-	-	4
Canteens	-	1	-	-	1
<b>TOTALS</b>	18	16	3	3	40

## Reported accidents in 1969 by primary cause: and age and sex

Primary Cause	Adults (18 & over)		Young Persons (under 18)		Totals
	M	F	M	F	
MACHINERY					
Non-power driven	-	-	-	1	1
Power driven	1	1	-	-	2
Machinery at rest	-	1	-	-	1
TRANSPORT					
Vehicle in motion not moved by power	1	1	1	-	3
Vehicle stationary	3	-	-	-	3
USE OF HAND TOOLS	1	-	-	-	1
FALLS OF PERSONS					
On or from fixed stairs	-	3	1	-	4
On or from ladders	1	-	-	1	2
Falls from one level to another	1	2	-	-	3
STEPPING ON OR STRIKING AGAINST OBJECT OR PERSON	-	3	-	-	3
HANDLING GOODS (NOT OTHERWISE CLASSIFIABLE)	8	5	1	1	15
STRUCK BY FALLING OBJECT	1	-	-	-	1
NOT OTHERWISE SPECIFIED	1	-	-	-	1
TOTALS:	18	16	3	3	40

## Reported accidents in 1969 by nature of injury: and age and sex

Nature of Injury	Adults (18 & over)		Young Persons (under 18)		Totals
	M	F	M	F	
Fractures and Dislocations	1	2	-	1	4
Sprains and Strains	4	3	1	1	9
Open wounds and surface injury	7	4	2	1	14
Bruising, crushing & concussion	5	6	-	-	11
Foreign body in orifice	1	-	-	-	1
Burns	-	1	-	-	1
TOTALS	18	16	3	3	40

## Reported accidents in 1969 by site of injury and nature of injury

Site of Injury	Nature of Injury						Totals
	Fracture and dislocation	Sprains and Strains	Open Wounds and surface injury	Bruising crushing and concussions	Foreign body in orifice	Burns	
HEAD:							
Scalp	-	-	-	1	-	-	1
Eye & Socket	-	-	-	-	1	-	1
Other	-	-	1	-	-	-	1
TRUNK, INCLUDING NECK:							
Back	-	1	-	4	-	-	5
Other	1	-	-	-	-	-	1
UPPER LIMB:							
Hand alone	1	-	13	-	-	1	15
Other	2	3	-	-	-	-	5
LOWER LIMB:							
Toes alone	-	-	-	1	-	-	1
Feet only	-	1	-	3	-	-	4
Lower leg and/or ankles only	-	4	-	-	-	-	4
Other	-	-	-	2	-	-	2
TOTALS	4	9	14	11	1	1	40

## CONTRAVENTIONS:

The number of verbal or written intimations issued for contraventions of the Act during 1969 was 396.

During the year 1969, contraventions were remedied at 342 premises for which previous intimations had been given, and in order to comply, the following items were provided or works carried out:-

## Cleanliness:

Cleansing effected - offices	2
workrooms	15
shops	3
staffrooms	4



Temperature:	
Thermometers provided	26
Inadequate heating improved	5
Ventilation:	
Improved	9
Lighting:	
Improved	6
Sanitary Accommodation:	
Cleansed and/or redecorated	19
Artificial lighting provided	3
Marked for the sexes	10
Ventilation	3
Repairs to fittings	9
New water closets provided	3
Additional water closets provided to give separate accommodation for each sex	1
Use of sanitary accommodation made accessible to employees at all times when at the premises	1
Washing Facilities:	
Additional wash hand basins provided	5
Fittings repaired	2
Compartments cleansed	6
Compartments repaired	2
Facilities improved ( i.e. roofed over)	1
Marked for the sexes	4
Running hot water provided	28
Water heaters repaired	4
Accommodation for Clothing:	
Accommodation for clothing provided	3
Stairs, Floors, Passages, Openings:	
Hand rails provided to staircases	25
Defective nosings to stairs renewed	2
Unsafe stairways made secure	5
Unfenced floor openings dealt with	4
Use of dangerous stairway discontinued	1
Inadequate lighting to stairways improved or provided	4
Stairways cleansed	9

Machinery:

Guards provided for food slicing machines	9
Dangerous food slicing machine removed from use	1
Guards provided to paper guillotines	3

Overcrowding:

The number of cases where overcrowding abated	2
---	---

First-Aid :

First-Aid boxes provided or replenished	50
---	----

Information to Employees:

Abstracts of the Act provided	229
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Miscellaneous:

Refuse cleared	1
Repairs to floors	9

CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960

There are now 20 site licences issued for caravans in the borough, and this includes two permanent sites each of over 30 caravans. During the year three licences were renewed for a further period.

32 visits were paid during the year to the licensed sites and it was found they were being maintained in a satisfactory condition.

COMMON LODGING HOUSES

There is one registered common lodging house in the borough and registration was granted for a further period of one year in 1969.

In all, 44 routine visits were made to this lodging house and it was maintained and run in a satisfactory manner.

In the course of these inspections evidence that some of the lodgers were verminous was found. Arrangements were made for persons their belonging and bedding to be cleansed and disinfested. 20 such cases were dealt with during the year.

Wherever a property is suspected of being used as a common lodging house it is inspected to ascertain its true use. Though a number of such inspections were made during the year none of the properties proved to be used for this purpose.

## SWIMMING BATHS AND POOLS

There are four public swimming baths in the town, two being open-air and two indoor baths. The source of water supply is from the two mains and each has continuous filtration and a chlorination plant.

In the case of the open-air pools there is a full change of water every three hours and in the case of the indoor baths, every four hours. Daily tests for residual chlorine and alkalinity are taken by the Bath Superintendent's staff. Public Health Inspectors took 29 samples of swimming bath water for bacteriological examination and at the time of sampling also checked for residual chlorine.

There are 12 schools provided with outdoor swimming pools and also 3 small indoor pools, and 70 samples of swimming bath water were taken during the season and submitted for bacteriological examination. At the same time tests for residual chlorine were made.

## ERADICATION OF BED BUGS

Number of Council houses found to be infested	1
Number of other houses found to be infested	0

These houses were disinfested with a D.D.T. solution. 122 other premises were also treated for other verminous conditions.

## SCHOOLS

77 routine visits were made to schools during the year.

## HOUSING

### 1. INSPECTION OF DWELLING-HOUSES DURING THE YEAR

1. (a) Total number of dwelling-houses inspected for housing defects under Public Health or Housing Acts and the Rent Act, 1957 2125

- (b) Number of inspections made for that purpose 2557

2. (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1932 464

- (b) Number of inspections made for the purpose 896

3. Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 22

4. Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation 2

## 2. REMEDY OF DEFECT DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or its officers 252

## 3. HOUSING ACT, 1936 PART IV. OVERCROWDING

- (a) (i) Number of dwellings overcrowded at the end of the year 5  
 (ii) Number of families dwelling therein 7  
 (iii) Number of persons dwelling therein 53  
 (b) Number of new cases of overcrowding reported during the year. 14  
 (c) Number of cases rehoused during the year 13  
 (d) Number of persons concerned 119

## 4. CLEARANCE AREAS

<sup>1</sup>Housing Act, 1957 Section 42

	No. of premises	No. of occupants
Wherstead Road (124-144 inc. evens)		
Clearance Area 1969	11	28
In the case of one Clearance Area, a Public Enquiry was held.		

## 5. OTHER UNFIT HOUSES

### (a) Housing Acts, 1936 and 1957

- (i) Houses demolished as a result of formal or informal procedure under Sections 16 and 17, Housing Act, 1957 8  
 (ii) Houses closed in pursuance of an undertaking given by the owners under Section 16, Housing Act, 1957 1  
 (iii) Parts of buildings closed under Section 18, Housing Act, 1957 3

### (b) Housing Acts, 1949 and 1957

Closing Orders made under Section 17(1) of the Housing Act, 1957 7

### (c) Local Government (Miscellaneous Provisions) Act, 1953, and Housing Act, 1957

Closing Orders made under Sections 17(3) and  
26 of Housing Act, 1957 Nil

(d) Housing Act 1957

Closing Orders determined under Section 27 Nil

#### 6. HOUSING ACT, 1949 - IMPROVEMENT GRANTS

During the year, visits were made to 259 premises for inspections with reference to applications for improvement grants.

#### 7. DISREPAIR CERTIFICATES

Rent Act, 1957

During the year 14 applications for Disrepair Certificates were received. 14 certificates were issued and also 6 undertakings to carry out work were accepted.

### INSPECTION AND SUPERVISION OF FOOD

#### 1. MILK SUPPLY

(a)	Inspection of Dairies under the Milk and Dairies Regulations, 1949	
	Number of dairies on register	9
	Number of distributors on register	186
	Number of visits to dairies and shops selling milk	480
(b)	Bacteriological Examination of Milk	
	Number of samples taken - school milk	79
	Number of samples taken - designated milk	457

#### MILK SUPPLIES - BRUCCELL ABORTUS

There are no producers of milk within the County Borough and only one dairy within the Borough which distributes 'untreated' milk.

A sample of this milk was submitted to the Public Health Laboratory for examination for this purpose. The Laboratory reported a negative result to their test.

#### MILK SAMPLES

During the year 58 samples of milk failed the Methylene Blue test.

#### THE MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1963

(c)	Number of Dealers (Pasteurisers) Licences operative in 1969	3
	Number of Dealers (Pasteurisers) Licences issued in 1969	Nil

Number of Dealers Licences authorising the use of Special Designation 'Pasteurised' operative in 1969.	184
Number of Dealers Licences authorising the use of Special Designation 'Pasteurised' issued in 1969	24
Number of Dealers Licences authorising the use of Special Designation 'Untreated' operative in 1969	14
Number of Dealers Licences authorising the use of Special Designation 'Untreated' issued in 1969	4
Number of Dealers Licences authorising the use of Special Designation 'Sterilised' operative in 1969	59
Number of Dealers Licences authorising the use of Special Designation 'Sterilised' issued in 1969	4
Number of Dealers Licences authorising the use of Special Designation 'Ultra Heat Treated' operative in 1969	47
Number of Dealers Licences authorising the use of Special Designation 'Ultra Heat Treated' issued in 1969	11

During the year 58 samples of milk failed the Methylene Blue test

1 sample of milk failed the Phosphatase Test.

19 churn rinsings were taken for Bacteriological examination. Of these 9 were satisfactory, 4 were reported 'fairly satisfactory' and 6 were unsatisfactory.

## 2. MEAT AND OTHER FOODS

## Carcases and Offal Inspected and Condemned in whole or in part

	Cattle (exclud- ing cows)	Cows	Calves	Sheep and Lambs	Pigs
Number killed	11,998	2,644	256	4,471	122,783
Number inspected	11,998	2,644	256	4,471	122,783
<u>All diseases except T.B. and Cysticerci. Whole carcases condemned</u>	13	8	15	31	743
Part carcasses condemned	3,258	1,272	47	347	38,381
Percentage of number inspected affected with disease other than T.B. and cysticerci	27.26	48.4	24.2	8.4	31.8
<u>Tuberculosis only</u>					
Whole carcasses condemned	-	-	-	-	12
Part carcasses condemned	-	1	-	-	6,028
Percentage of number inspected affected with tuberculosis	-	-	-	-	4.9
<u>Cysticercus</u>					
Carcases of which some part or organ was condemned	19	4	-	-	-
Carcases submitted to treatment by refrigeration	19	4	-	-	-
Generalised and totally condemned	-	-	-	-	-

Each of the 23 carcasses affected by *Cysticercus Bovis* was treated by cold storage for 21 days before release for consumption.

The total number of carcasses examined as shown in the above table was 142,152. This shows a decrease of 878 on last year.

Three private slaughter-houses were licensed during 1969.



## SLAUGHTER OF ANIMALS ACT, 1958

Number of new Slaughtermen's licences issued	2
Number of Slaughtermen's licences renewed	24

## MEAT INSPECTION REGULATIONS, 1963

The Public Health Inspectors were able to comply fully with the Regulations and 100% inspection was carried out.

The undermentioned foodstuffs were condemned as unfit for human consumption during the year:-

## BEASTS

Carcases	24
Part-Carcases	128
Heads	117
Tongues	23
Lungs	1183
Livers	3809
Part-Livers	219
Kidneys	49
Kidneys Suet	24
Hearts	67
Spleens	2
Skirts	157
Forequarters	-
Hindquarters	5
Mesentery Fats	2
Sets of Offals	18
Trimmings	37

## CALVES

Carcases	18
Part Carcases	5
Plucks	3
Kidneys	4
Hearts	-
Lungs	68
Sets of Offals	13
Livers	2

## SHEEP

Carcases	43
Part Carcases	57
Plucks	85
Livers	200
Lungs	172
Sets of Offals	9

Kidneys	3
Hearts	-
Trimnings	16

## PIGS

Carcases	767
Part Carcases	209
Sets of Offals	3270
Heads	4683
Necks	33
Plucks	7277
Livers	5774
Lungs	11674
Hearts	1723
Intestines	2147
Legs and Part Legs	1484
Hocks	56
Flares	4866
Forends	1
Mesenteries	2162
Trimnings	2932
Kidneys	26
Bellystrips	25
Tenderloins	1

## CONDEMNED FOODSTUFFS - 1969

Meat	Tins	1032
Meat, Bacon, Sausages etc.	lbs.	1885
Vegetables	Tins and pkts	12927
Soup	Tins	612
Jam, Marmalade, etc.	Tins and jars	12
Milk	Tins	125
Milk	Galls.	9068
Fruit	Tins	4092
Fruit	lbs	543
Fish	lbs	840
Fish	tins	508
Prawns	lbs.	20
Rice Puddings	Tins	140
Milk Puddings other than Rice	Tins	148
Biscuits, Cakes, etc.	Pkts and tins	630
Eggs	Dozens	521

Sauces and Pickles	Bottles and jars	100
Butter, Margarine, Cooking Fats	lbs.	303
Poultry	Whole	11
Poultry	Parts	24
Rice	lbs	19
Macaroni	lbs	3140
Flour	lbs	10
Cheese	lbs	246
Melons	whole	242
Salt	lbs	10
Cream	Tins	32
Puddings other than Milk	Tins	104
Fruit Juices	Bottles and tins	133
Cereals	Packets and tins	202
Meat and Fish Pastes and other spreads	Jars	8030
Baby Foods	Tins	69
Confectionery	lbs	23
Sugar	lbs.	5

In addition to the items listed above, the following foodstuffs were condemned during the year, as a result of breakdowns in refrigeration apparatus in shops-

Cream	cartons	86
Vegetables	Packets and tins	3675
Meat Products	Packets and tins	2560
Poultry	Whole	85
Poultry	Parts	106
Fish Products	Packets and jars	3941
Fish	lbs	364
Cakes, Pastries, etc.	packets	1254
Ice Cream	Blocks	509
Ice Cream (Misc.)	Packets	2404
Fruit	Packets	139
Fruit Juices	Bottles and tins	194
Butter	lbs	6

### 3. FOOD AND DRUGS ACT, 1955

The following table shows samples taken during the year:-

Article	Samples taken		Samples Genuine		Not genuine Samples	
	Formal	Informal	Formal	Informal	Formal	Informal
Milk and Cream	25	3	25	Nil	Nil	3
Other Foods	2	245	1	214	1	31
TOTALS	27	248	26	214	1	34

During 1969, 407 visits were made to premises under this Act.

Sample No.	Article	Nature of Adulteration or irregularity	Action Taken
37	Hazelnut Yogurt	Description 'Real Fruit' inapplicable to a yogurt containing nuts as the only added ingredient.	Matter taken up with producer. Consideration being given to re-labelling
66	Meringue Cases	'Common or usual name should be given in English on the label; main illustration misleading as to contents of packet	Matter taken up with importers
76,77,78	Milks	Contaminated by mineral oil	340 galls. milk condemned as unfit and destroyed
72	Instant Coffee	Added vitamins not included in list of ingredients.	Matter taken up with manufacturer
105	Pure Apple Juice	Contains 20 p.p.m. of sulphur di-oxide and must not be described as 'Pure'	Matter taken up with bottler
134	Orange Juice	Label entirely in German - requires at least the words 'Orange Juice' in English	Matter taken up with importers. Label in English to be attached
108	Ice Lollie Syrup	Generic term 'fruit juice' in the list of ingredients must be replaced by the specific name of juice present.	Matter taken up with manufacturer. Label changed
112	Raspberry Jam	Voluntary list of ingredients does not include artificial colour also present	Matter taken up with importer.

Sample No.	Article	Nature of Adulteration or Irregularity	Action Taken
133	Confectionery	Contains a prohibited red artificial colour	Consignment re-exported
125	Confectionery	Contains a non-permitted artificial colour	Consignment re-exported
117	Roast Meat Sauce	Correct name is Roast Beef Sauce Mix Generic term 'vegetables' in list of ingredients not permissible	Matter taken up with importer
85	Ghee Substitute	No name and address of packer; no list of ingredients.	Matter taken up with importers
180	Full Cream Dried Milk	Contains excess moisture	Matter taken up with manufacturer
143	Diabetic Fruits	Sugar content 8.4 g per can as compared with declaration of 7 g per can	Matter taken up with manufacturer
139	Swedish Milk Diet	Calcium content somewhat in excess of the declared amount	Taken up with manufacturer. Advised from them this product now discontinued
163	Clams in Brine	Can 'blown' unfit for consumption	Remaining stock removed from sale
183	Stewed Steak	Deficient in meat content	Importer undertakes to sell for catering trade only. Polish authorities apologise and undertake to avoid repeat of mistake.
187	Beef Goulash	The words 'meat with sauce' must appear on the label. List of ingredients incomplete	Matter taken up with importer
195	Cocktail Sausages	Article must be labelled 'Cocktail Sausages in brine'	Matter taken up with importers
196	Frankfurter Sausages	Article must be labelled 'Frankfurter Sausages in Brine'	Matter taken up with importers
189	Antipasto	Sample bears two different lists of ingredients	Matter taken up with importers
152	Liverpaste	No English 'Common or usual name' - label entirely in German	Matter of labelling taken up with importer

Sample No.	Article	Nature of Adulteration or Irregularity	Action Taken
236	Processed Malted Cheese	Fat content of dry matter deficient	Letter sent to importer
243	Cake and Biscuit Mix	List of ingredients not in the correct order	Letter sent to manufacturer
206	Confectionery	Contains a non-permitted yellow colour	Consignment detained and subsequently re-exported
258	Marzipan	Deficient in almond content	Formal sample taken
237	Plum Butter	Misleading name - contains no butter or other fat	Consignment detained, re-labelled and then released
214	Jelly - Pineapple Flavour	No list of ingredients on the label	Matter taken up with manufacturer
229	Partridge with Champignons in Butter	Contains lead in excess of the legal limit	Consignment detained and then re-exported.
222	Partridge with Champignons in Butter	Contains 10.2 p.p.m. of lead	
235	Barbecue Sauce Mix	Addition of water and vinegar required in preparation of sauce. States 'just add water'	Matter taken up with importer
254	Newburg Sauce	Tin content over 500 p.p.m. Unfit for consumption	Matter taken up with retailer, wholesaler and importer. Remaining stock with retailer. Handed over for destruction.
225	Mushroom Sauce	Tin content over 500 p.p.m. Unfit for consumption	

### PROSECUTIONS

Numerous complaints are received in the Department, concerning food, which is either not of the nature, substance or quality demanded by the purchaser or, that the food sold to the purchaser was unfit for human consumption. In most cases these complaints are satisfactorily resolved by informal action, but in some more serious cases where records exist of previous complaints of a similar or identical nature, legal proceedings are recommended.

During the year 3 prosecutions for food offences were taken. Two under Section 2 of the Food and Drugs Act 1955 and one under section 8 of the same act. All three cases were proved and fines and costs imposed to the amount of £51 - 5s. 0d.

#### ICE CREAM

47 samples of ice cream were taken from retailers and manufacturers during 1969 and sent to the Public Health Laboratory for bacteriological examination. The results were as follows:-

Grade I	25
Grade II	10
Grade III	11
Grade IV	1

#### POULTRY INSPECTION

There are no Poultry Processing premises in the County Borough.

#### CLEAN FOOD CAMPAIGN

Inspections were made of all newly established food premises in the borough for the purpose of advising on food hygiene requirements. A copy of a Guide to the Food Hygiene Regulations and a card explaining the illnesses and conditions about which a food handler should inform his employer were left at each premises.

9 talks on food handling were given to various groups of people during the year, including two courses at the Civic College, training nurses at the local hospital, members of School Parents' Clubs and women's groups.

#### FOOD PREMISES IN THE BOROUGH

*All comply with Secs. 16 and 19 of Food Hygiene (Gen.) Regulations 1960*

#### RETAIL

Butchers	92
Bakers and Confectioners	49
Grocers	167
Greengrocers and Fruiterers	67
Sweets and Mixed	88
Fish Shops (all types)	62
(Frying carried out at premises)	49
Cafes, Restaurants, etc.	76
Licensed Premises, Hotels etc.	130

## WHOLESALE ONLY

Butchers	5
Butchers Supplies (Sausage meats, etc.)	2
Greengrocers and Fruiterers	9
Grocers	8
Fish	1
Sweets	3
Ice-cream	5

## MANUFACTURER ONLY

Ice-cream	1
Brewers	1
Sweets	1

## FOOD PREMISES ETC.

The following table shows the number of registered food premises, etc. in the Borough and the number of inspections carried out in connection therewith.

Type of Registration	No. of Premises	No. of Inspections
(a) Food and Drugs Act, 1955		
(i) Preparation or manufacture of potted, pickled or preserved food	86	157
(ii) Preparation or manufacture of sausages	87	
(iii) Manufacture, Storage or sale of ice cream	1	
(iv) Wholesale Storage and sale of ice cream	4	200
(v) Wholesale and Retail Storage and Sale of ice cream	2	
(vi) Retail Sale and Storage of ice cream	388	
(vii) Boiling of Shellfish	11	-
(b) Ipswich Corporation Act, 1948		
(i) Hawkers of Food - Section 126	48	41
(ii) Vendors of Shellfish - Section 127	22	3
(c) Milk and Dairies Regulations, 1949		
(i) Distributors and Shops selling milk	219	480
(ii) Dairies	9	



## DISEASES OF ANIMALS ACTS

Tuberculosis (Slaughter of Reactors) Order, 1950

Nil

Tuberculosis Order, 1938

Nil

Anthrax Order, 1938

Nil

Swine Fever

Nil

## MISCELLANEOUS

## 1. Fertilisers and Feeding Stuffs Act 1926

Four samples of fertilisers and four samples of feeding stuffs were taken during 1969 and submitted to the Agricultural Analyst for examination. All the samples gave satisfactory results. In all cases the stated particulars of composition were within the limits of variation prescribed in the regulations for fertilisers and feeding stuffs.

One of the feeding stuffs samples however contained a coccidiostat in excess of the amount declared on the package and was described on the bag by its 'Trade' name instead of its chemical description.

These points were taken up with the manufacturer who immediately arranged for the labelling of the bags containing this particular feeding stuff to be amended to conform with the requirements of the regulations and the findings of the Agricultural Analyst.

## 2. Pet Animals Act, 1951

During the year twelve annual licences were issued to premises which were being used as pet shops. 44 visits were made to these premises in connection with the Act and no serious contraventions were found.

## 3. Refuse Collectors Strike

During the month of October the strike of cleansing operatives necessitated the establishment of a series of refuse dumps sited at strategic points about the County Borough, to which the public could take their refuse.

It was essential that these dumps be regularly treated to reduce as far as possible any potential risk to public health. This entailed the spraying of each dump with insecticide and disinfectant twice each day and the setting up of baiting points for the extermination of any rodents which might be attracted to the dumps of refuse. All this work was undertaken by the Rodent

### Control Section.

During this time the inspectorate were called upon to deal with complaints arising from the storage and disposal of refuse from private premises. They were also called upon to advise members of the public on the most suitable methods of disposal of refuse.

Needless to say the incident gave rise to an additional strain upon an already fully occupied staff. Credit must be given to all the members of the section for the way they played their part in effectively reducing the potential public health hazards which could arise in such a situation.

### 4. Sewerage and Sewage Disposal

While the sewerage and sewage disposal systems provided in the borough have not given rise to any complaints to this department, active consideration is being given to measures which will improve the standard of effluent discharged into the river from the Cliff Quay Sewage Disposal works. A firm of consultants has been retained to undertake the investigation and make recommendations for the modification of the installations to achieve standards of effluent which would be reasonably acceptable to the River Authority

The Westerfield area of the town has been a constant source of complaints over the years. The complaints have related to flooding, fouling of ditches by seepage from cesspools and smells arising from ditches. During the year a report was submitted to the Works Committee in this connection recommending that favourable consideration be given to the sewerage of Westerfield. The proposed scheme was ultimately approved by the Council and submitted to the appropriate Minister whose approval is awaited. It is hoped that this approval will not be long delayed in order that the ever present risk of an outbreak of enteric disease is eliminated as quickly as possible.

### 5. Prevention of Damage by Pests Act, 1949

(a) During the year, complaints of rodent infestations were received as under:-

	Business Premises	Private Premises	Local Authority Premises	Agricultural Premises	Totals
RATS	91	1107	27	Nil	1225
MICE	141	369	31	Nil	541

(b) The number of inspections made in connection with suspected rodent infestations (not including sewer treatments) was as follows:-

Visits to premises by Public Health Inspectors	243
Routine visits and revisits by Rodent Operatives	9258
New infestations investigated by Rodent Operatives	1856

(c) 1251 rats and 972 mice bodies were recovered.

Experience during the year showed that the extermination of mice by the use of anti coagulent poisons was proving much more difficult. This entailed the use of other chemical poisons trapping etc, all of which entail a greater skill in their application to be effective. It is fortunate that the operatives employed in the section are very widely experienced in the old fashioned methods to which they have had to resort to achieve a complete kill.

(d) Two routine maintenance treatments of the Public sewers were carried out during the year. The baits used were Barley-meal and Warfarin and to some extent Zinc Phosphide.

In the Spring treatment (May), 3,371 manholes were treated. In 634 manholes part takes were recorded.

The Autumn treatment of sewers was commenced but not completed as all operators had to be withdrawn to deal with refuse tips, bulk refuse containers etc. due to the refuse collectors strike.

(e) Following the investigation of rat complaints by the rodent operatives, 47 drainage systems were tested by the Public Health Inspectors and found to be defective, thereby allowing the egress of rats. The necessary repairs or renewals were later carried out.

(f) Wasps' Nests

During the year a service for the destruction of wasps' nests on payment of a small charge was continued and 451 nests were destroyed by the rodent operators.

(g) Pigeons in Public Places

In accordance with the provisions of the Public Health Act, 1961. Steps were taken during the year to reduce the number of pigeons frequenting the public buildings in the centre of the town. During the year 295 pigeons were caught by trapping and humanely destroyed.

(h) In the year under review 71 premises were treated for the destruction of cockroaches and various other insects.

## 4. Factories Act, 1937 and 1948

## (a) Inspections for purposes of Provisions as to Health

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occupiers prosecuted
1. Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	21	12	-	-
2. Factories not included in (1) in which Section 7 is enforced by the L.A.	471	20	nil	-
3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	-	-	-	-
Totals	492	32	-	-

## (b) Cases in which defects were found

Particulars	Number of cases				No. of cases in which pro-secutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H. M. Inspector	
Want of Cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable Temperature (S.3)	-	-	-	-	-
Inadequate Ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Totals	-	-	-	-	-

## (c) Outworkers Premises

2 visits were made to outworkers premises during the year.

## Outworks

Nature of work	Section 133			Section 134		
	No. of outworkers in August list required by Section 133 (1) (c) (2)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing apparel	126	Nil	Nil	Nil	Nil	Nil

## (d) Factory Canteens

12 visits made to factory canteens during 1969.

## 5. Land Charges Act

3,059 enquiries were made under this Act in 1969

## 6. Examinations of Plans

The number of plans examined that have been referred by the Borough Surveyor to the Public Health Department for observations of comment was 313.

## ATMOSPHERIC POLLUTION

## Measurement of Atmospheric Pollution

With the agreement of Warren Springs Laboratory it was decided to discontinue readings from two of the four stations as from 1st April, 1969, and the two stations still in use are situated at the Public Health Department in Elm Street and at Nacton Road School.

The number of visits involved was 644.

## Complaints - Clean Air Acts

There were 52 complaints during the year and 86 visits were made in connection with these.

The complaints included lighting of bonfires in domestic and industrial premises; smoke and soot from domestic and industrial chimneys; the burning of old cars; smoke and dust from a cement works; and grit and dust from the manufacture of road making materials.

On three occasions during the year when the sky was clear, and about an hour before sunset, a dark plume was traced from the cement works at Claydon to the western residential areas of the town. The alkali etc. Works Inspector of H.M. Government was informed and subsequently visited the works. Ignition failure in the kiln was said to be the cause of the trouble.

Improvements to two plants making road materials were put in hand by the firms in question. One has been completed and new plant is on order and is due to be installed in the early part of 1970 in the case of the second firm.

One site formerly used as a car breakers has been sold and is to be used for building purposes.

The burning of refuse was the most frequent cause for complaint. Difficulty in arranging removal and also cost were the most common reasons given for this practice.

#### Smoke Observations

During the year 47 smoke observations were made and there were 29 visits to factories.

No legal action was found necessary, and complaints were resolved by letters to the offending parties and by visits to the sites in question.

#### Summary of Visits

Atmospheric Pollution	644
Smoke Observations	47
Complaints	86
Factories	<u>29</u>
Total	<u>806</u>

#### NOISE ABATEMENT ACT 1960

During the year under review, various noise complaints were investigated entailing 89 visits by Inspectors during the day and night time to observe and investigate the complaints. In justified cases, unofficial action secured modification of the noise source by baffling or screening, thus abating the noise nuisance.

Copies of plans submitted to the Council for approval under the Building Regulations are sent to this Department and are examined, amongst other things, with regard to their future use

and any potential noise nuisance that use might cause. In cases where there is considered to be a risk of noise nuisance, comments and suggestions to overcome or reduce the potential noise problems are conveyed to the applicant and in most cases the measures suggested are incorporated in the new development.







County Borough of Ipswich

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# PORT REPORT

1969

B. A. SMITH

*Port Medical Officer*



# SECTION I - STAFF

## TABLE A

Name of Officer	Nature of Appointment	Date of Appointment	Qualifications	Any other appointments held
B. A. Smith	Port Medical Officer	1.1.67	M.B., B.S., D.P.H.	Medical Officer of Health to the County Borough of Ipswich
M.F.H. Bush	Deputy Port Medical Officer	1.6.67	M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H.	Deputy Medical Officer of Health to the County Borough of Ipswich
L.J. Massam	Chief Port Health Inspector	7.12.59 retired 30.6.69	Certificates of R.S.I. and S.I.E.J.B., as Sanitary Inspector of Meat and Other Foods	Chief Public Health Inspector
O.C. Williams	Chief Port Health Inspector	1.7.69	Certificates of R.S.I. and S.I.E.J.B., as a Sanitary Inspector, as an Inspector of Meat and other Foods and as a Smoke Inspector	Chief Public Health Inspector
	Deputy Chief Port Health Inspector	until 30.6.69		
J.E. Johnstone	Deputy Chief Port Health Inspector	1.7.69	Certificates of R.S.H.S. as a Sanitary Inspector, an Inspector of Meat and Other Foods and as a Smoke Inspector. D.M.A.	Deputy Chief Public Health Inspector
	Port Health Inspector	until 30.6.69		
D.A. Bloomfield	Port Health Inspector	14.10.69	Diploma of P.H.I.E.B.	District Public Health Inspector
H.M. Southall	Section Senior Clerk	14.11.66		Section Senior Clerk, Health Department
R.H. Ainsworth	Rat Searcher	13.7.59		Pest Control Operatives

Address and Telephone Number of the Medical Officer of Health:-

Health Department, Elm Street, Ipswich. Telephone Ipswich 55511

## SECTION II - AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR

### TABLE B

Ships from	Number	Ton-nage	Number Inspected		Number of ships reported as having or having had during the voyage Infectious Disease on board
			By the M.O.H.	By Port Health Inspector	
Foreign Ports	1,597	448,764	4	133	-
Coastwise	1,459	626,954	-	8	-
Total	3,056	1,075,718	4	141	-

## SECTION III - CHARACTER OF SHIPPING AND TRADE

### TABLE C

#### *Passenger Traffic:*

Number of passengers inwards.....	288
Number of passengers outwards.....	275

#### *Cargo Traffic:*

Principal Imports: Petroleum, fertilisers, grain, coal, roadstone, soft woods, feeding meals, oil cake, bacon, electrical equipment, flexboard, paper, fruit and vegetables, meat products.

Principal Exports: Fertilisers, malt, coke breeze, grain, farm machinery, whisky and electrical goods.

#### *Principal Ports from which Ships Arrive:*

Antwerp, Amsterdam, Blyth, Bremen, Casablanca, Coryton, Fawley, Fredericksund, Gdansk, Gdynia, Goole, Gt. Yarmouth, Hamburg, Ilamina, Hull, Immingham, Inverkeithing, Isle of Grain, Kirkcaldy, Kotka, Leith, London, Le Treport, Maasluys, Middlesborough, Ostend, Rochester, Rotterdam, Rouen, Tees, Terneuzan, Thameshaven, Wismar.

## SECTION IV - INLAND BARGE TRAFFIC

None

## SECTION V - WATER SUPPLY

No Change

## SECTION VI - PUBLIC HEALTH (SHIPS) REGULATIONS, 1966

No Change

## SECTION VII - SMALLPOX

- (1) NAME OF ISOLATION HOSPITAL TO WHICH SMALLPOX CASES ARE SENT FROM THE DISTRICT  
Ipswich Smallpox Hospital, Foxhall Heath.
- (2) ARRANGEMENTS FOR TRANSPORT OF SUCH CASES TO THAT HOSPITAL BY AMBULANCE, GIVING THE NAME OF THE AUTHORITY RESPONSIBLE FOR THE AMBULANCE AND THE VACCINAL STATE OF THE AMBULANCE CREWS  
Ipswich Ambulance Service  
The vaccinal state of the ambulance crews is under constant review.
- (3) NAME(S) OF SMALLPOX CONSULTANT(S) AVAILABLE  
Dr. D. Van Zwanenberg, St. Helen's Hospital, Foxhall Road, Ipswich.
- (4) FACILITIES FOR LABORATORY DIAGNOSIS OF SMALLPOX.  
Public Health Laboratory, Heath Road Wing, Ipswich and East Suffolk Hospital, Woodbridge Road East, Ipswich.  
Cavendish Laboratory, Austin Wing, Free School Lane, Cambridge. Telephone: Cambridge 54481.

## SECTION VIII - VENEREAL DISEASE

Diagnosis and treatment is carried out at the Ipswich and East Suffolk Hospital at the following times:-

MALES: *Mondays*, 5.30-7.30 p.m., *Fridays*, 1-2.30 p.m.

FEMALES: *Mondays*, 7.30-8.30 p.m., *Tuesdays*, 2.30-5 p.m.  
*Fridays*, 2.30-5.30 p.m.

There are beds available for in-patient treatment.

SECTION IX - CASES OF NOTIFIABLE AND OTHER  
INFECTIOUS DISEASES ON SHIPS

TABLE D

Category	Disease	No. of cases during the year		No. of Ships concerned
		Passengers	Crew	
Cases landed from ships from Foreign Ports	None	None	None	None
Cases which have occurred on ships from Foreign Ports but have been disposed of before arrival	Tuberculosis	None	None	None
Cases landed from other ships	None	None	None	None

SECTION X - OBSERVATIONS ON THE OCCURRENCE OF  
MALARIA IN SHIPS

No cases have occurred.

SECTION XI - MEASURES TAKEN AGAINST SHIPS INFECTED  
WITH OR SUSPECTED FOR PLAGUE

No ships infected with, or suspected for Plague, have arrived.

SECTION XII - MEASURES AGAINST RODENTS IN SHIPS FROM  
FOREIGN PORTS

No change

RODENTS DESTROYED DURING THE YEAR IN SHIPS FROM  
FOREIGN PORTS

Table E

Nil

TABLE F

DE-RATTING CERTIFICATES AND DE-RATTING EXEMPTION  
CERTIFICATES ISSUED DURING THE YEAR FOR SHIPS FROM  
FOREIGN PORTS

Ipswich is not an approved port.

## SECTION XIII - INSPECTION OF SHIPS FOR NUISANCES

TABLE G  
INSPECTIONS AND NOTICES

Nature and Number of Inspections		Notices served		Result of serving Notices
		Statutory Notices	Other Notices	
British Ships	62	Nil	1	Complied with
Other Nations	185	Nil	Nil	-
Total	247	Nil	1	-

SECTION XIV - PUBLIC HEALTH (SHELL-FISH) REGULATIONS  
1934-1948

No change

## SECTION XV - MEDICAL INSPECTION OF ALIENS

No change

## SECTION XVI - MISCELLANEOUS

No change

## SECTION XVII

## PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS, 1968 -

## FOOD INSPECTION

Regular services between Ipswich and the Continental Ports of Bremen, Hamburg, Rotterdam, Antwerp, Le Treport and Maasluis continued during the year. A new container service from Antwerp commenced during the year and a regular service between Ipswich and Poland (Gdynia) was also established. The new roll-on and roll-off facility at Orwell Quay came into use during the year receiving frequent ships from Bremen and Hamburg. The new Polish traffic includes considerable quantities of foodstuff and the Inspectorate have consequently spent an increased amount of time on this aspect of Port Health work.

## FOODSTUFFS INSPECTED

	Tons	Cwts	Qtrs	lbs
Bread Products	31	18	2	8
Butter	833	9	-	4
Cheese	148	16	2	14
Confectionery	97	5	3	8
Coffee	27	5	-	1
Essences/Flavours	1	4	3	9
Eggs	378	8	-	25
Fish Products	46	12	2	20
Fruit	375	2	2	15
Fruit Drinks	17	7	2	18
Groundnuts	70	11	2	11
Meat Products	5,322	-	2	6
Marzipan	8	5	3	14
Milk (Dried and Condensed)	48	8	1	17
Mineral Water	124	12	-	23
Mustard		9	3	12
Preserves	147	-	-	-
Spices	8	18	2	-
Soups	3	-	-	-
Vegetables	159	16	3	-
Vinegar	-	-	-	22
Yeast	2	3	1	6
	<hr/> 7,852	<hr/> 18	<hr/> -	<hr/> 27

## FOODSTUFFS CONDEMNED

	Tons	Cwts	Qtrs	lbs
Salted Herring				22
Red Cabbage				15
Butter		2	-	25
Pork Brawn			1	4
Boneless Ham		1	-	19
Pork Tongues				12
Roquefort Cheese				5
Baby Beet		10	2	12
Pork Shoulder			1	24
Jellied Veal				24
Gouda Cheese				10
Chopped Pork				7
Pineapple Juice				25
Pineapple Crush			2	14
Peaches		2	1	2
Pineapples			3	9
Dried Apricots			1	-



	Tons	Cwts	Qtrs	lbs
Edam Cheese				6
Raspberries in Syrup				7
Bacon				21
Gooseberries in Syrup				6
Blackberries			1	3
Marzipan			1	-
Pickled Cucumber		4	2	4
Bilberries				7
String Beans				24
Corn on the Cob				21
Stewed Steak				6
Plum Jam				5
Strawberry Pulp			1	14
Cherries Tinned			1	8
Shell Eggs		7	-	16
Macon Wine		4	2	26
Total	1	18	2	7

Also

One consignment of 42 tons, 7 cwts, 2 qtrs, 12 lbs. of Frozen Boneless Beef.

One consignment of 3 tons of Dried Eggs.

One consignment of 3 cwts, 2 qtrs, Partridge with Champignons in Butter

One consignment of 3 qtrs, 13 lbs of Sheep casings.

One consignment 5 tons 17 cwt. of Confectionery were re-exported when importers were faced with possible condemnation of the consignments.

#### ITEMS SAMPLED FOR CHEMICAL ANALYSIS Imported Foodstuffs

Name	Result
Pork Luncheon Meat	Genuine
Confectionery	Genuine
Fried Onion Essence	Genuine
Garnishing Paste	Genuine
Flaked Groundnuts	Genuine. Aflatoxin within safe limits for human consumption.
Raspberries in Syrup	Genuine
'Chewy Sticks'	Genuine

Name	Result
Strawberry Jam	Genuine
Raspberry Jam (two samples)	First sample unsatisfactory. Contains a permitted food colour (Ponceau MX) which is not included in the list of ingredients. Taken up with importers. Subsequent sample found to be genuine.
Red Beet Soup Mix	Genuine
Mushroom with noodles Soupmix	Genuine
Vegetable Soupmix	Genuine
Roast Meat Sauce	Unsatisfactory. The correct name is Roast Meat Sauce Mix. The list of ingredients contains the generic name 'vegetables' which must be replaced by the names of the specific vegetables used in the correct order of predominance by weight.
Confectionery	Not genuine. The red sweets contained a non-permitted red colour probably Poncaeu 6 R. Formal sample taken.
Confectionery (formal sample)	Not Genuine. The sample consists of sweets of different colours. The red sweets and the purple sweets contain a red artificial colour which is not a colour permitted by the Regulations. Re-exported.
Groundnuts	Genuine-test for Aflatoxin negative.
Orange Juice	Unsatisfactory. Composition satisfactory (100% orange juice) but the 'appropriate designation' required by the labelling of Food Order is 'Orange Juice' in English (unless the article is sold only to German speaking customers). Importers agreed to re-label.
Shish Kebabs	Unsatisfactory. This article is required by the Canned Meat Regulations, 1967 to bear on the label in immediate proximity to the name 'Shish Kebabs', the description 'Meat in Sauce'. Matter taken up with importers.

Name	Result
Beef Tamales	Genuine
Curry Sauages	Genuine
Apple Juice	Genuine
Grape Juice	Genuine
Groundnuts	Genuine. Test for Aflatoxin negative.
Curried Mutton	Genuine
Frankfurter Sausages	Genuine
Meat Balls in Tomato Sauce	Genuine
Sauerkraut with Meat and Sausage	Genuine
Stuffed cabbage	Genuine
Veal Cutlets with Mushrooms	Genuine
Cocktail Sausages	Genuine
Pork Luncheon Meat	Genuine
Chicken Breast in Jelly	Genuine
Stewed Steak (2 samples)	First sample not genuine. Contains 75% meat. Stewed Steak must contain at least 95% meat as required by the Canned Meat Product Regulations, 1967. (The declaration of the label states '95% steak') Matter taken up with importer and Polish Authorities. Explanation given that tins were not intended for export to U.K. and had been wrongly labelled in Poland. Tins re-labelled. Second sample found to be genuine.
Cocktail Sausages	Unsatisfactory. The article should have been described as being 'in brine'. Taken up with importer.
Frankfurter Sausage	As above
Pork 'N Cheese Loaf	Genuine
Polish Sausage with Sauerkraut	Genuine

Name	Result
Confectionery	Not genuine. The sweets coloured green contain a permitted blue colour (Indigo Carmine) and a yellow colour which is not in the Schedule of permitted colours in the Colouring Matter in Food Regulations, 1966. Re-exported.
Groundnuts	Genuine
Beef Spread	Genuine
Chicken Spread	Genuine
Tongue Spread	Genuine
Ham Spread	Genuine
Partridge with Champ-ignons in Butter (2 samples)	First sample not genuine. Contains 10.2 parts per million of lead, the legal limit is 5 parts per million. Second sample not genuine. Contains 8.7 parts per million of lead excluding 5 whole lead shot and onehalf shot found during analysis and removed. Importers offered choice of either surrendering the consignment for destruction or re-exportation. Agreed to re-export.
Bilberry Jam	Genuine
Morello Cherry Jam	Genuine
Powidel/Plum Butter	Not genuine. Composed entirely of plums and sugar, with no butter present. 'Plum Jam' would not be an acceptable alternative because the soluble solids content is substantially lower than the minimum legal requirement for jam. Consignment relabelled 'Plum Spread'.
Melted Cheese	Not genuine. Fat content calculated on the dry matter - 45.5% in accordance with the statement on the label (45%) but the article is full fat processed cheese and as such must contain 48% fat on the dry matter. Matter taken up with importers.
'Pay Roll' Confectionery	Genuine

## BACTERIOLOGICAL SAMPLES

Name	Result
Garnishing Paste	Satisfactory
Chopped Pork	do
Stuffed Cabbage (2)	do
Premier Jus	do
Lard	do
Pork Cutlets with Mushrooms	do
Veal Cutlets with Mushrooms	do
Herring Fillets in Cream Horseradish Sauce	do
Tinned Shrimps	do
Tinned White Crab Meat	do
Frying Sausages	do
Cocktail Sausages (3)	do
Curry Sausages in Paprika Sauce	do
Curried Mutton	do
Frankfurters (2)	do
Sauerkraut with Meat and Sausage	do
Frozen Boneless Beef (51)	7 - Salmonella isolated 44 - negative (see separate report)
Dried Whole Hen Egg	12 samples from one consignment 1 Salmonella isolated 248 further samples taken - (see separate report)
Pork Luncheon Meat	Satisfactory
Chicken Breast in Jelly	do
Chopped Pork	do
Polish Sausage with Sauerkraut	do
Tongue Spread	do
Beef Spread	do
Chicken Spread	do

Name	Result
Ham Spread	Satisfactory
Frozen Rabbit (2)	Satisfactory

Figures in brackets indicate the number of times sampled.

### FROZEN BEEF

In July 1969 a request was received from the Ministry of Agriculture, Fisheries and Food through the Association of Sea and Air Port Health Authorities that certain categories of imported meat should be subjected to routine bacteriological examination.

One of these categories was boneless beef from Holland, quantities of which were being imported via Ipswich at this time. During the following two months 51 samples were taken by this department. Of these, seven samples were found to be infected with *Salmonella* food poisoning organisms.

As no suitable cold storage facilities were conveniently available to detain the meat in Ipswich pending the laboratory report, arrangements were made to detain the meat at its destination in accordance with the Imported Food Regulations 1968. The Local Authorities for the various places at which the meat was to be detained gave this department their fullest co-operation in dealing with the problem.

The Ministry of Agriculture, Fisheries and Food were advised of the findings and negotiations with the Dutch Government took place. Following these negotiations the infected consignments of beef were re-exported to Holland. Subsequently recognition of the Dutch Official Certificates for beef was withdrawn.

### DRIED EGG

Twelve routine bacteriological samples were taken from a five ton consignment of Polish dried whole hen egg. One of these samples was found to be infected with a *Salmonella* food poisoning organism. After consultation with the local Public Health Laboratory, it was decided to sample every carton of the egg, i.e. 250. Of the five different code marks in the consignment, three were found to be infected with *Salmonella* organisms. The infected cartons, 177 in number, were re-exported to Poland.

### MEASURES AGAINST RODENTS

#### (1) PREVENTION OF DAMAGE BY PESTS (APPLICATION TO SHIPPING) ORDER, 1951.

One rodent Control Certificate was issued to coastal shipping during the year.

During the Year the Rodent Control Section of the Public Health Department continued to exercise responsibility for rodent control in the port area.

(2) THE TOTAL NUMBER OF RATS DESTROYED IN THE PORT AND BOROUGH DURING THE YEAR WAS AS FOLLOWS:-

Category	Number	
	Estimated Kill	Dead Bodies Recovered
Black Rats	-	-
Brown Rats	-	987
Species not known	-	-
Total	-	987
Sent for Examination	8 Brown Rats	
Infected with Plague	Nil	

#### IMPORTED CEREALS

The Port Medical Officer was consulted by the Ipswich Dock Commission on the subject of working conditions in the holds of some grain carrying vessels. Grain cargoes are discharged by means of an elevator and this necessitates dockers working in the holds of the ships trimming the cargo whilst elevation is in progress. A considerable cloud of dust is produced in this way and the question arose as to whether this constituted a health hazard.

Specimens of the dust arising from a cargo of barley malt were sent to the Public Analyst and also to the Public Health Laboratory Service's Mycological Reference Laboratory in London. In addition to this, the matter was taken up with the Department of Occupational Health at the London School of Hygiene and Tropical Medicine and we were fortunate enough to have a visit from Dr. Muriel Newhouse, who is a senior lecturer in this subject at London University, and has done considerable work in the field of occupational lung disease. A pilot survey was undertaken with a group of dockers, the results of which are still under discussion. It appears that no known lung disease has previously been noted in dock workers handling this type of cargo, although disorders have been noted in other occupations which are attributable to various organic dusts.

This investigation into a possible unrecognised occupational health hazard, has been facilitated by the willing co-operation of the Ipswich Dock Commission and the individual dockers themselves.

## CO-OPERATION WITH OTHER OFFICIALS

I am pleased to acknowledge the help and co-operation received by Officers of the Port Health Authority from Officials of H. M. Customs and Excise and the Ipswich Dock Commission.





County Borough of Ipswich

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Principal  
School Medical Officer's  
REPORT  
1969

B. A. SMITH,

*Principal School Medical Officer*



# COUNTY BOROUGH OF IPSWICH

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## EDUCATION COMMITTEE

(Constitution at 31st December, 1969)

The Mayor (Alderman S. W. GODWARD)

Councillor H. R. DAVIS (*Chairman*)

Alderman Mrs. M. J. KEEBLE (*Vice Chairman*)

Councillor A.G. BARKER	Councillor D.H. SAUNDERS
Councillor R.G. BOWLES	Councillor A.E. SEABROOKE
Councillor Mrs. L.E. DOWNES	Councillor Mrs. M.J. SEABROOKE
Councillor Mrs. C.E.S. GOODWIN	Councillor K.F.W. STOCKS
Councillor	Councillor D.M. STEPHENS
Rev. G.F.L. HOLLINGSWORTH	Mr. G.R.E. ADES
Councillor A.A.P. JACOBI	Rev. G. E. EASTER
Councillor T.E. LAMBERT	Rev. D.B. MEASURES
Councillor D. MYER	Rev. N. SMITH
Councillor Mrs. N.E. MYER	Mr. G.G. CUBBIN
Councillor C.N. RODGERS	Mr. A.J.F. SHINER

## SCHOOLS SUB-COMMITTEE

Alderman Mrs. M. J. KEEBLE (*Chairman*)

Councillor H.R. DAVIS	Councillor K.F.W. STOCKS
Councillor Mrs. L.E. DOWNES	Mr. G.G. CUBBIN
Councillor Mrs. C.E.S. GOODWIN	Rev. A.E. EASTER
Councillor Mrs. N.E. MYER	Rev. D.B. MEASURES
Councillor D.H. SAUNDERS	Mr. A.J.F. SHINER
Councillor A.E. SEABROOKE	Rev. N. SMITH

## SCHOOL HEALTH SERVICE

### MEDICAL STAFF

*Medical Officer of Health and Principal School Medical Officer:*  
B. A. SMITH, M.B., B.S., D.P.H.

*Deputy Medical Officer of Health and Deputy Principal School Medical Officer:*

M.F.H. BUSH, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H.

*Senior Medical Officer:*

JOSEPH BROWN, M.B., B.S., B.D.S., M.R.C.S., L.R.C.P., L.M.S.S.A.  
L.D.S., R.C.S., D.(Obst) R.C.O.G., Dip.Ed.(Lond.), A.K.C.

*Assistant Medical Officers of Health and School Medical Officers:*

MABEL G. MILLS, M.B., Ch.B., D.R.C.O.G.

RUTH WRIGHT, M.B., B.S. (part-time)

HERMIONE K.S. EGERTON, M.B., Ch.B. (part-time)

CHRISTINA WEBSTER, M.B., Ch.B., D.P.H. (part-time) (resigned  
20.7.69)

HONORA H. FORDE, M.B., B.Ch., B.A.O., D.P.H., D.R.C.O.G.  
(part-time)

G. MARGARET G. SPENCER, M.A., M.D., M.R.C.S., L.R.C.P., D.P.H.  
(part-time)

JANET E. MORRISON, M.D., Ch.B., D.C.H. (part-time)

GILLIAN M. CRUICKSHANK, M.B., B.Ch., D.C.H. (Appointed 6.1.69)  
Resigned 6.10.69)

JANE G. WILSON, M.B., B.S., B.Ch., L.R.C.P., M.R.C.S. (Appointed  
3.10.69)

### DENTAL STAFF

*Principal School Dental Officer:*

G. A. SCIVIER, B.D.S. (London)

*Area Dental Officers:*

J. E. CHURCHYARD, L.D.S., R.C.S. (Eng.) (part-time)

A. L. JONES, B.D.S.

G. TIDSWELL, L.D.S., R.C.S. (Eng.)

*Dental Auxiliary:*

Mrs. P. J. BOWGEN (resigned 27.9.69) (Post Vacant)

## OTHER OFFICERS

### *Orthoptist:*

MARGARET J. KERNAN, D.B.O. (part-time)

### *Speech Therapists:*

APRIL G. WILSON (part-time) (resigned 22.12.69)

ANNE U.C. BLOOD (part-time)

BRIDGET E. GRIEVESON (part-time) (resigned 3.5.69)

PRUNELLA A. THOMPSON (Appointed 20.1.69)

### *Superintendent Health Visitor*

Miss J. M. STABLES

and fifteen full time and one part time Health Visitors and one full time and seven part time Clinic Nurses

*Chief Administrative Assistant:* H. M. COLES

*Senior Clerk, School Health Service:* R. HURCOMBE

## GENERAL INFORMATION

	1967	1968	1969
POPULATION			
(Estimated mid-year).....	121,670	121,700	122,050
SCHOOLS MAINTAINED BY THE LOCAL AUTHORITY:-			
PRIMARY SCHOOLS (including voluntary schools):			
Number of Schools.....	40	39	39
Number on Roll.....	11,309	11,731	12,189
SECONDARY SCHOOLS			
Number of Schools.....	10	8	8
Number on Roll.....	6,124	6,298	6,458
GRAMMAR SCHOOLS:		Number on Roll	
Northgate Grammar School for Boys.....	745	780	764
Northgate Grammar School for Girls.....	610	605	596
SPECIAL SCHOOLS:			
Beacon Hill Special School for Educationally sub- normal Pupils	90	88	101
Whitton Special School for Delicate Pupils	94	91	96
NURSERY SCHOOL:			
Raeburn Road	40	40	40

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Total Schools Population 19,012      19,633      20,244

## THE PRESENT ROLE OF THE SCHOOL HEALTH SERVICE

The School Health Service has been in existence since 1907 and the purpose of medical inspection was defined in circular 576 of the then Board of Education as follows ... 'adapting and modifying the system of education to the needs and capacities of the child, securing the early detection of unsuspected defects and checking incipient maladies at their onset and furnishing facts which will guide education authorities in relation to physical and mental development during school life.'

Basically the role remains the same more than six decades later although the emphasis has changed. The pattern of disease in childhood has been altered by advances in preventive and curative medicine. Children to-day, like all other citizens of this country, have general practitioner and hospital services freely available to them as a result of the National Health Service Act.

It is, therefore, more concerned with prevention and early detection of defects than with treatment as was the case in the early days. The service affords a unique opportunity to keep the majority of our child population under medical surveillance and is particularly able to devise methods of detecting those conditions which are not obvious, but which affect the child's capacity to learn.

One of the effects of modern civilisation is for disability in middle age to assume greater relative importance than disease in childhood. Recent work, however, has shown that the seeds of chronic ill health may be sown in childhood. Chronic bronchitis, for example one of the greatest scourges of modern Britain, is more common in people who as children suffered from chest trouble. Obese children frequently become obese adults with all the attendant risks of excess weight. By ensuring that suitable medical care is instituted, and by health education programmes, the School Health Service has the opportunity of improving adult health and contributing to Public Health in its wider context.

One of the results of improved medical care has been the increased survival of children with serious abnormalities, both physical and mental, and for these children the School Health Service has a particular responsibility. The Education Act lays the duty on every Local Education Authority to provide education for every child suitable to his age, aptitude and ability, and for those children with handicaps an accurate assessment of his medical condition is a necessary part of deciding his aptitudes and abilities.

It has been thought by some in the past that the general availability of medical care under the National Health Service Act would render the School Health Service superfluous, but this has been far from the case. The one has in fact interacted with the other to provide a much more comprehensive child health service than could either in isolation.



## MEDICAL INSPECTIONS IN SCHOOL

The upward trend in the schools' population continues and reached 20,244 in 1969, comprising 16% of the total population of the town. As can be seen from the tables at the end of the Report 3,831 of these received a full medical inspection during the year, an increase of 656 on the 1968 figures, which was particularly welcome in view of the existing difficulties in the medical staffing of school health service.

The present policy concerning periodic medical inspections is to some extent imposed by circumstances. In common with other authorities, the shortage of medical staff available to carry out medical inspections in schools has caused restrictions to be introduced, and this in itself has led many to reappraise medical inspections as a whole. In Ipswich, two age groups in particular are concentrated upon, the school entrant and the school leaver. The school entrant is an automatic choice for inspection, for apart from confirming physical fitness, there are the emotional problems which sometimes arise after commencing school to be considered. The school leaver is examined at an important stage in life when the discovery of defects and general medical advice can have a decided effect on the chosen career.

Any child moving into the area from another authority, for whom no previous medical history is available, is automatically medically examined, but generally one is not able, because of staff shortages, to make inroads into those eligible for 'intermediate' examination. It is however, appreciated that where this is not possible to maintain, a gap of ten years between full medical inspections can be a long one, despite the increasingly high standard in the health of the school child. Some authorities have introduced varying methods of selective examination to cover the age groups between school entry and leaving. It is intended, during 1970, to conduct our own survey into all aspects of this type of examination, and to consider the introduction of the most suitable method, provided the necessary staff are available.

## SERVICES AVAILABLE

### VISION SCREENING

Two Keystone vision screeners are now in use for testing the eyesight of school children. Apart from medical inspections, special emphasis is placed on carrying out vision screening on children in the 10 to 11 years age group. This is a particularly

important age as it marks the end of primary and the beginning of secondary education when good visual acuity is essential. In 1970, it is intended that the range of vision screening will be extended even further to include the 8 and 12 year old groups. and so ensure the early detection of all significant eye defects.

Number tested in school in 1969	1,259
Number referred to Eye Specialist	28
Number for re-examination	42

## AUDIOMETRY

The significance of even quite minor hearing defects in young children is becoming more clear, and the audiometric service available in the Department is orientated towards this. Apart from routine audiometric screening of school entrants, the service is available for any child referred by doctors, teachers or parents, if hearing defects are suspected. It is a purely audiometric service and the general practitioner remains responsible for the clinical examination of the child, and for any action he feels necessary.

There has been considerable awakening of interest in medical circles of the effects of ear infections on subsequent hearing. The direct referral therefore of children to the School Audiometric service by general practitioners can be seen as a valuable addition to the services provided by the National Health Service. Already, in collaboration with one practice in the town, a substantial number of hearing defects requiring treatment have been discovered by this means.

During the year, 2,599 school entrants were screened, and of these, 312 were referred for re-tests.

The total number of full audiometric tests carried out was 547. 124 children were found to have defects needing referral to their own doctor.

## ARRANGEMENTS FOR TREATMENT

### (a) Minor Ailments.

The changing emphasis in the general attitude to minor ailments is reflected in the general reduction of the attendance figures in the following table.

## ATTENDANCES AT MINOR AILMENT CLINICS

CLINIC	Number of Children			Total Attendances		
	1967	1968	1969	1967	1968	1969
Elm Street	1,298	1,406	1,053	2,662	2,170	1,379
Gainsborough	1,459	1,315	1,201	3,036	2,795	2,485
Whitton	1,315	1,412	1,211	3,169	2,616	2,262
Allington	362	337	292	443	457	449
Chantry	721	635	496	1,671	1,503	902
TOTALS	5,155	5,105	4,253	10,981	9,541	7,477

## (b) Vaccination and Immunisation

Vaccination and immunisation against diphtheria, tetanus, whooping cough and poliomyelitis is carried out at the School Clinics. Provision is made on the notice of examination that is sent to parents of school entrants for up-to-date information on the immunisation state of the child to be entered, and any primary or booster doses required, are then arranged. With the introduction of the new schedule for immunisation last year, it is felt that a better immunity rate would be achieved if the doses were administered in school, and this is being investigated.

The number of school children who received protection during the year was as follows:-

	Primary	Boosters
Diphtheria	131	1,904
Whooping Cough	36	264
Tetanus	198	2,172
Poliomyelitis	147	1,717
Measles	521	-

B.C.G. vaccination is offered to school children at the age of 13 years. Preliminary skin tests were carried out on 1,444 pupils and 1,363 showed a negative reaction. B.C.G. vaccination was given to 1,351 pupils. In addition, an annual programme is carried out at the Civic College and 334 students were vaccinated.

## (c) Ophthalmic

School children with eye defects requiring treatment can be seen at the School Eye Clinic. During 1969, a total of 1,130 children

were seen representing 1,594 attendances.

The number of children who attended the Orthoptic Clinic was 97. Total attendances were:-

For occlusion	17	
For tests, observations and examination	100	
New Cases	53	Total 170

## DENTAL TREATMENT

Mr. G. A. Scivier, Chief Dental Officer has submitted the following report on the School Dental Service.

"Dental disease is the only common affliction of man that is non-reversible, and because children cannot be held responsible for maintaining their own health it is unfortunate that dental decay is most rife in childhood. It is also a pity that its onset does not give early warning, such as pain, which would be noticed by the parent for without regular examination by the Dental Surgeon, many a tooth is irreparably injured before it is realised. It would seem that everyone responsible for children should be aware of this danger and therefore avoid unnecessary suffering, not only in childhood but in adult life as well.

This report is under various headings in order to simplify an analysis of the section's work during the year.

### *Staffing*

The working of the section was seriously affected by the resignation of the Dental Auxiliary and three Dental Surgery Assistants. It was also necessary to use the Dental Auxiliary as a Dental Surgery Assistant for two months, due to difficulties in recruitment. Due to a National shortage a replacement for the Dental Auxiliary has not yet been found.

Dr. Gray joined Dr. Burks in September as second anaesthetist and they are now providing one session each a week. This gives a greatly improved and adequate service in this field for extractions from the young and apprehensive patients. It is hoped that we can expand this service to provide comprehensive treatment under general anaesthesia to the very apprehensive and difficult patient.

### *Inspections*

More Gainsborough schools were inspected and treated after a long lapse, but as stated last year this is creating a bigger time lag between inspections and treatment in other areas. The staff

are sharing the responsibility for this area and endeavouring to provide as good a service in all areas as is possible under the circumstances.

Although 425 more children were re-inspected during the year than in 1968, the total of 1,328 is still far too small, but it is difficult to encourage parents to seek routine checks when so many are not even receiving annual inspections at school. This has been brought about by the existing shortage of professional personnel. However, parents are reminded verbally of the benefits of regular attendance and the more conscientious take advantage of this facility.

### *Annual Statistics*

Considering the staff problems mentioned earlier the figures shown elsewhere are very favourable. A few points are worth mentioning:-

- a) There has been a welcome small reduction in emergency visits for pain, which is probably due to more provision of treatment in the Gainsborough area. However, continued lack of a regular Dental Officer for this area will mean only a temporary improvement.
- b) Now that each clinic is equipped with an X-ray machine, approximately 100 more children than last year have received the benefit of this diagnostic aid.
- c) An increase in root fillings and crowns indicates that more broken and damaged teeth are being saved than extracted, which is always preferable. This is perhaps emphasized by a slight reduction in the number of dentures constructed.
- d) For Orthodontics or the realigning of teeth, more appliances were fitted this year, and also many were referred to specialists for advice or treatment. It is worth noting the reduction from 20% to 10% in discontinued, unco-operative cases.

### *Equipment*

Once again grateful acknowledgement is made for new items purchased and installed. The improvement in some surgeries can only be described as dramatic and has helped both staff and patients in creating a more efficient and attractive atmosphere during treatment. Although it is appreciated that basic items should be in use for some years, a constant review should be undertaken to avoid a major replacement programme again.



### *Dental Health Education*

It has been said that the value and quality of a School Dental Service should be judged not only on the number of teeth filled and extracted but on how well it educates the public in dental care. It was with this in mind that a more ambitious programme was embarked upon this year.

'Pierre the Clown' sponsored by the General Dental Council, visited all the primary school departments during an intensive fortnight's campaign. During the second week the exhibition caravan of the General Dental Council was parked in front of the Town Hall and manned by members of the Health Department. This was not quite as successful as hoped, due partly to its unattractive appearance, and this has been brought to the notice of the General Dental Council. An article on dental care was also published in the 'Evening Star'.

Other educational activities included talks to some schools, mothers' clubs etc., and two groups of five year olds visited the Elm Street Clinic (following a television programme at school on the same subject), to be shown the dentist's work. As this was highly successful, further visits of this kind are to be arranged.

In addition some primary departments are purchasing 'Dental Teaching Kits' from the General Dental Council and these can be incorporated in the curriculums. Each new school infant entrant will now receive a 'Schools Dental Hygiene Kit' during their first year. This comprises a beaker, toothbrush and a tube of toothpaste together with a letter to the parents from the Chief Dental Officer, drawing attention to the need for dental care. This is an excellent way of creating public awareness and should be continued if finances will allow.

It should be remembered that the present wise policies of dental health education will take years to fulfil and that the present indifference reflects attitudes and traditions of the past. In fact a note of optimism is sounded in 'The Health of the School Child, 1966 - 68' where it shows a slight improvement in the dental condition of children in surveyed areas."

### NATIONAL CHILD DEVELOPMENT STUDY

In 1958, the National Birthday Trust carried out a perinatal survey of virtually every baby born in the week 3rd to 9th March. The collated data on social-biological-medical factors in pregnancy and labour affecting the fate of the new born infant, has since been used to strengthen our knowledge which has led to an

improvement in maternity services and a saving in infant life. Following this survey, an organisation was set up entitled the National Child Development Study (1958 Cohort) to establish what effect events before and during birth might have on the subsequent physical and mental development of these children.

Follow-up examinations of these children were arranged in 1965 and again in 1969, the aims being broadly to relate certain factors associated with pregnancy, labour and the early neo-natal period which appear to effect their physical, psychological, social and educational development; to obtain developmental norms for the whole cohort of children; and to identify further 'vulnerable' groups as well as children with known handicaps in order to follow closely their development.

The study is in large measure a long term investment and with continued co-operation from all concerned it is hoped that this very large and nationally representative group of children (16,000) can continue to be followed up at intervals until they reach maturity. As information is collected at each stage, a great deal can be learnt about children's abilities, behaviour, health and development at particular ages, and about the services which are provided.

The research in 1969 broadly followed the same pattern as that conducted in 1965, though aimed at the particular problems of the 11 year old, with emphasis on the major and minor variations in health and educational ability, and disturbances of the special senses and co-ordination. The onset of puberty is to be studied and also the relationship of major and minor handicaps to school performance.

There are 50 children involved in the survey in Ipswich, and parental questionnaires were completed for all the children by health visitors. 47 were medically examined and given audiometer tests, the remaining three children not being examined because of the non-co-operation of the parents. It was noticed, however, during the examinations that many parents asked what had been the outcome of previous research, and it was obvious that this lack of information was somewhat disconcerting to them. This was pointed out to the National Child Development Study who accepted our suggestion that information should be available. The result was that a copy of the journal 'Concern' which contains a series of articles about the Survey and its findings was circulated to parents.

## SPEECH THERAPY

Therapy was given at the following centres:-

9 Lower Brook Street	Chantry Infants' School
Whitton Clinic	Whitehouse Junior School
Allington Clinic	Priory Heath Infants' School
Chantry Clinic	Dale Hall Primary School
Gainsborough Clinic	Sidegate Primary School
Montrose Nursery	Whitton Special School
Heathside Training Centre	Beacon Hill Special School

Total number of children treated during the year 251

Total attendances 4,390

Under School Age 33

School Age 100

Total 133

Children discharged from treatment 81

Miss P. Thompson, Speech Therapist, had the following comments to make on the service:-

'After a long period of being understaffed, the service became more established in 1969, and an impression was made on the waiting list'

The proportion of pre-school children to school children under treatment remains the same, i.e. 1:3. The majority of disorders are those we should term 'dyslalias', i.e. defects of articulation or slow development of articulatory patterns. Such children can find it difficult to make themselves understood. Others under treatment are those with language disorders, physical abnormalities, hearing defects, emotional problems, and those who stammer. It is becoming increasingly apparent that an interesting statistical survey could be made to compare the incidence between 'dummy suckers' and speech disorders (i.e. non-tongue tip users).

Talks were given during the year to local organisations on the application of speech therapy, and doctors and students have 'sat in' on treatment sessions.

The resignation of Miss Wilson, after many years of valued service to the Department, meant that at the end of the year, our staff had been reduced again to 1 full-time and 1 part-time therapist. With 135 children currently being treated, and a waiting list of 30, the demands on the service are again increasing,



and some degree of priority has to be introduced. It is indeed difficult in these circumstances to feel that one is doing justice to all.

The help of health visitors, dentists, physiotherapists and others in allied professions is, however, gratefully acknowledged as it is often in team work, rather than isolation, that most can be achieved.'

### HEALTH EDUCATION

Health Education in schools by members of our staff is unfortunately limited at present, but with the anticipated expansion of this service, there are plans for a more concerted approach in both primary and secondary schools. Undoubtedly, this is where the emphasis must lie, and the seeds planted in school life can be effectively reaped in adulthood.

Talks on various health education subjects were given in schools, by request, by both medical staff and health visitors. One interesting innovation was a request from an Infants school for a health visitor to go in and talk to school entrants prior to their periodic medical inspection. This apparently helped to remove the apprehension that the youngsters feel, and was so successful that it might well be considered for general adoption.

### CHILD GUIDANCE

Total number of new cases	132
Number referred through S.M.O.	12
Cases under treatment at end of year	135
Cases on Waiting List at end of year	4
Maintained children attending throughout year	185

### AGE AND SEX DISTRIBUTION OF NEW CASES

Age	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
Boys	-	-	2	1	1	3	3	6	5	5	10	14	5	11	4	11	81
Girls	-	-	1	3	2	2	5	9	4	2	3	3	4	4	4	5	51
Totals	-	-	3	4	3	5	8	15	9	7	13	17	9	15	8	16	132

## INFECTIOUS DISEASE IN SCHOOL CHILDREN

	1966	1967	1968	1969
Dysentery	59	75	1	-
Food Poisoning	4	2	-	2
Infective Hepatitis	1	-	-	1
Tuberculosis - Pulmonary	2	1	-	-
Measles	226	596	142	106
Whooping Cough	4	7	14	-
Scarlet Fever	46	31	7	26
Meningitis	-	-	-	3

## MISCELLANEOUS

## (a) EMPLOYMENT OF CHILDREN

(Section 18 of Children and Young Persons Act, 1933) chiefly in connection with the sale of newspapers.

Four hundred and seventy-two children were examined during the year and in four instances a licence was refused on medical grounds.

(Section 22 of Children and Young Persons Act, 1933). No children were examined during the year to ascertain their fitness to take part in entertainment.

## (b) CHILDREN'S HOMES

Medical Officers of the department carried out medical examinations on all children admitted to and discharged from Children's Homes, and at the request of the Children's Officer, routine examinations were also carried out on children in care of foster parents.

## (c) MEDICAL EXAMINATION OF MEMBERS OF THE TEACHING PROFESSION.

During the year, 95 young people were medically examined in connection with their application for admission to a College of Education and also 13 teachers on taking up appointments in Ipswich.

## (d) CHILD NEGLECT

I am informed by the Local Inspector of the National Society for Prevention of Cruelty to Children that he dealt with 94 families during the year. Of the 316 children in these families, 271 were of school age.

The different categories were:

Lack of proper care	19
Physical Injury	6
Child behaviour problems	8
Parent behaviour problems	32
Children left along	7
Material or Financial problems	32
Housing problems	9

#### (e) DEATHS

There were six recorded deaths of children of school age during the year. The causes of death were:-

Following road accidents	2
Meningoccal Septicaemia	1
Asthma	1
Diabetes	1
Carbon monoxide poisoning	1

#### HANDICAPPED PUPILS

One of the important functions of the School Health Service is to ascertain at an early age, children who are unable to attend ordinary school, and to make recommendations for their special educational treatment.

A handicapped pupils' register is maintained in the Department to which many of the children are added in infancy. It is usually possible to ascertain children who are grossly handicapped at an early age.

Educational subnormality continues to predominate amongst handicapped school children, and during the year 90 examinations were carried out by medical officers in connection with the ascertainment of educationally subnormal children. The results were:-

Classified as Educationally Subnormal and recommended for admission to Beacon Hill Special School	23
Recommended for notification under Section 57 of Education Act, 1944, as unsuitable for education in school	15
Recommended for attendance at residential school for E.S.N.	2
To remain at Beacon Hill Special School	17

To remain at ordinary schools	27
To remain at Whitton Special School	3
Recommended for Informal Community Care	-
Recommended for admission to Whitton Special School	1
Referred to Institute of Family Psychiatry	2

In addition, 15 maladjusted pupils were examined and recommended for admission to residential schools or hostels. 19 physically handicapped and 7 delicate children were examined and recommended for admission to Whitton Special School.

At the end of the year the number of handicapped pupils in the various categories were:-

Blind	2 Both in residential Special Schools.
Partially Sighted	7 Two in residential Special Schools, Two at Whitton Special School and three attending Ordinary Schools.
Deaf	11 Ten in residential Special Schools and one awaiting a place at a Residential School.
Partially Hearing	28 Two in residential Special Schools. Seven at the Partially Hearing Unit, seventeen attending Ordinary Schools, and two at Beacon Hill. Those not attending residential Special Schools have hearing aids.
Delicate	36 One at an Ordinary School, thirty three attending Whitton Special School, and two awaiting admission to Whitton Special School.
Educationally Sub-normal	121 Twelve in residential Special Schools, one hundred and one in Beacon Hill Special School, six in Ordinary Schools, and two awaiting admission to Beacon Hill Special School.

Epileptics	4	One at Whitton Special School and three at residential Special Schools.
Maladjusted	43	Twenty-two in residential Special Schools or Hostels and twenty-one in Ordinary schools, all of whom were awaiting residential vacancies.
Physically Handicapped	80	Five in residential Special Schools eleven attending Ordinary Schools, sixty-one at Whitton Special School, two awaiting admission to residential schools and one having home tuition.
Speech Defects	168	All under treatment by the Speech Therapists.

#### WHITTON SPECIAL SCHOOL

I am indebted to Mr. F. H. Ridd, Headmaster of Whitton Special School, for the following report.

	Boys	Girls	Totals
On Register December 1968	54	37	91
Admitted during year	12	9	21
Left during year	11	5	16
Remaining December 1969	55	41	96

#### *Medical Inspection*

Dr. M. Bush, Deputy Medical Officer has carried out the customary inspections. Parents have been invited to attend when necessary.

Mr. Jones, Dental Officer, Whitton Clinic has given dental treatment.

There has again been co-operation with the Institute of Family Psychiatry with those families under psychiatric care and one of their staff visits on occasions.

#### *Speech Therapy*

Mrs. Blood visits one morning per week. Miss Thompson has now been appointed and visits one morning per week.

#### *Physiotherapy*

Mrs. Whitehead attends every afternoon and Mrs. Wilson four mornings per week. Mrs. Wilson has taken the place of Mrs. Wilkinson. Those children whose medical reports request physio-

therapy are treated. There is excellent liaison with the Physiotherapy Department of Gt. Ormond Street.

#### *Horse Riding*

Twelve children attend horse riding for the handicapped one morning per week.

#### *Swimming*

Mr. Ward continues to take a group to Fore Street Baths every Thursday morning.

#### *Visitors*

As before students visit the School and those requested by Dr. Smith - student nurses etc.

#### *Transport*

The change over to Crusader buses is working satisfactorily and the taxis continue to bring County children and those unable to use the buses.

#### *Open Afternoon*

These have been carried out each term. Members of the Visiting Committee kindly attended and a very high percentage of parents always attend.

#### *Premises*

A further piece of land is to be absorbed on the east side adjoining the playground. It is hoped to use this partly as a school garden and partly as an adventure playground.

### BEACON HILL SCHOOL

I am indebted to Mr. D.D. Abraham, Headmaster of Beacon Hill School, for the following report.

	Boys	Girls	Totals
On register December 1968	60	28	88
Admitted during the year	14	9	23
Left during the year	5	5	10
Remaining December 1969	69	32	101

#### *Admissions*

- 1 from Ashley Downs Residential School
- 1 from Swaylands Residential School, Kent
- 1 from East Hill House School, Colchester
- 1 from Greenwood House, Halstead
- 1 from U.S.A.F. Base School, Wethersfield
- 10 from Junior School

7 from Infants Schools  
1 from Secondary School

### *Discharges*

1 to Junior School  
1 to Whitton Special School  
1 to residential School, Halstead  
1 to Approved School  
1 to Ramsden Hall School, Billericay  
1 removed to Grantham, Lincs.  
1 Re-assessed for employment  
3 16 years - for employment

The past year has seen a continuance of the close liaison which has been established between those agencies which are concerned with the total welfare of pupils at Beacon Hill School.

A case conference session was held to discuss the job-potential and after care of pupils about to leave school. Those present were the Head Teacher, The Deputy Head (in whose class the pupils under discussion are placed), the Youth Employment Officer, the Deputy Principal School Medical Officer, and the Mental Health Officer. The Education Welfare Officer was unable to be present due to illness.

The Infant class continues to play its useful roll of assessment. In so doing, it is helping to assure that those pupils who enter the lower and middle range of the school are correctly placed and better able to benefit from the learning situations provided throughout the school.

The school as a whole has increased in number and this trend has affected the Infant class, serving to emphasise the need for ancilliary help in this sector.

### PARTIALLY HEARING UNIT

The Partially Hearing Unit continues at Rushmere Hall Junior School and caters for a small group with a wide age range.

The children all have moderately severe hearing losses with associated difficulties in articulation and language development. It has proved possible for the children to spend considerable periods of their time engaged in activities with normally hearing children in the main school and so help to avoid the isolation which frequently befalls the deaf.

The number of children in the unit has dropped during the year and it is to be regretted that this is in part due to the fact that



no provision had been made for the pre-school child. Hearing handicapped children need speech training in early infancy, and this is usually provided by a peripatetic teacher of the deaf, but the absence of such a post in Ipswich has made it necessary for children to be sent to special boarding schools at an early age. The result of this is that a number of children who would have moved into the unit on reaching the age of five years are already well established at the East Anglian School for the Deaf, Gorleston. I would like to pay tribute to the considerable help we have received from time to time by Mr. Hall, the East Suffolk peripatetic teacher, who has always been approachable for advice. It is to be hoped, however, that we will soon have our own peripatetic teacher who will be able to help complete the educational service for the hearing handicapped child.

#### ST. HELEN'S HOSPITAL SCHOOL

St. Helen's Hospital School has now closed. Over the last few years the number of children requiring prolonged hospital care has been falling and this must be seen as a facet of the changing pattern of childhood illness and one which is welcome. Resulting from advances in medical treatment even the more chronic disabilities of childhood are susceptible to out-patient treatment occasionally punctuated by shorter spells in an acute hospital. The educational needs of these children are being met by both normal and special schools, and in addition a teacher who attends the Ipswich and East Suffolk Hospital.



**MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS)**

**PERIODIC MEDICAL INSPECTIONS**

Age Groups inspected (By year of Birth)	No. of pupils who have received a full medical examination	Physical Condition of Pupils (Inspected)		Pupils found to require treat- ment (excluding dental diseases and infestation with vermin)	
		Satisfactory	Unsatisfactory	Corrected for any dental or other condi- tion requiring non-recor- ded at Part II	Total individual pupils
1965 and later	-	-	-	-	-
1964	574	574	-	15	59
1963	1,327	1,324	-	3	178
1962	144	144	-	3	19
1961	34	34	-	5	5
1960	17	17	-	1	2
1959	5	5	-	-	-
1958	-	-	-	-	-
1957	-	-	-	-	-
1956	-	-	-	-	-
1955	27	27	-	1	1
1954 and earlier	1,703	1,693	5	93	292
<b>TOTAL</b>	<b>3,831</b>	<b>3,823</b>	<b>6</b>	<b>271</b>	<b>556</b>
1968 Totals	3,173				51

	1969	1968
Number of Special Inspections.....	1,916	2,258
Number of Re-inspections.....	<u>604</u>	<u>1,156</u>
	<u>2,520</u>	<u>3,414</u>

## INFESTATION WITH VERMIN

	1969	1968
(a) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons...	8,947	12,093
(b) Total number of individual pupils found to be infested.....	104	102
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944).....	-	-
(d) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(3) Education Act, 1944).....	-	-

# DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A - PERIODIC INSPECTIONS

Defects Code No	Defect or Disease	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		Treatment	Observation	Treatment	Observation	Treatment	Observation	Treatment	Observation
4	...	27	101	36	31	1	4	64	136
5	Eyes -								
	(a) Vision	13	21	11	9	5	2	271	20
	(b) Sight	19	24	1		1	-	22	38
	(c) Other	4	13	5	17	-		9	21
6	Ears -								
	(a) Hearing	31	123	4	10	-	1	35	34
	(b) Middle Ear	10	32	3	5	-	2	13	39
	(c) Other	-	4	7	11	-		7	15
7	Nose and Throat	28	189	2	34	-	8	30	31
8	Speech	22	22	-	8	1	-	23	30
9	Lymphatic glands	1	24	-	2	-	-	1	26
10	Heart	3	60	-	19	1	2	4	31
11	Lungs	14	48	1	10	1	-	16	58
12	Developmental -								
	(a) Hernia	2	6	3	2	-	1	5	9
	(b) Other	1	69	20	17	-	6	21	92
13	Orthopaedic -								
	(a) Posture	1	10	11	12	-	-	12	22
	(b) Feet	21	61	13	18	1	1	35	80
	(c) Other	8	25	5	20	-	2	13	47
14	Nervous System								
	(a) Epilepsy	-	3	1	3	1	-	2	6
	(b) Other	5	11	-	10	-	-	5	21
15	Psychological -								
	(a) Development	2	12	-	8	-	-	2	20
	(b) Stability	5	39	-	6	-	3	5	48
16	Abdomen	3	3	-	4	-	-	3	7
17	Other	-	-	-	5	-	-	-	5

TABLE B - SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
4	Skin	124	1
5	Eyes -		
	(a) Vision	89	16
	(b) Squint	3	1
	(c) Other	32	2
6	Ears -		
	(a) Hearing	18	6
	(b) Otitis Media	3	2
	(c) Other	8	-
7	Nose and Throat	14	14
8	Speech	10	-
9	Lymphatic glands	-	-
10	Heart	4	5
11	Lungs	7	3
12	Development -		
	(a) Hernia	1	1
	(b) Other	9	16
13	Orthopaedic -		
	(a) Posture	13	8
	(b) Feet	6	14
	(c) Other	4	10
14	Nervous System -		
	(a) Epilepsy	1	-
	(b) Other	4	-
15	Psychological -		
	(a) Development	4	7
	(b) Stability	4	11
16	Abdomen	-	-
17	Other	252	1

# TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

## TABLE A - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	180
Errors of Refraction (including squint)	525
Total:	705
Number of pupils for whom spectacles were prescribed	374

## TABLE B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment -	
(a) for diseases of the ear	91
(b) for adenoids and chronic tonsillitis	206
(c) for other nose and throat conditions	21
Received other forms of treatment	85
Total:	403
Total number of pupils in schools who are known to have been provided with hearing aids -	
(a) in 1969	4
(b) in previous years	25

TABLE D - DISEASES OF THE SKIN (excluding uncleanness)

	Number of cases known to have been treated
Ringworm: (a) Scalp	-
(b) Body	1
Scabies	16
Impetigo	75
Other skin diseases	434
Total	526

TABLE E - CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	185

TABLE F - SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by Speech Therapists	251

TABLE G - OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	1,733
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who received B.C.G. vaccination	1,685
(d) Other than (a), (b) and (c) above—Orthoptic	97
Total	3,515

# DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

## 2. ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
First Visit	2105	1666	368	4139
Subsequent Visits	3298	3626	818	7742
Total visits	5403	5292	1186	11881
Additional courses of treatment commenced	134	68	12	214
Fillings in permanent teeth	1968	3698	997	6663
Fillings in deciduous teeth	1924	192		2116
Permanent teeth filled	1413	2906	824	5143
Deciduous teeth filled	1723	179		1902
Permanent teeth extracted	226	1134	190	1550
Deciduous teeth extracted	3568	920		4488
General anaesthetics	603	239	17	859
Emergencies	666	378	74	1118

Number of Pupils X-rayed	246
Prophylaxis	561
Teeth otherwise conserved	296
Number of teeth root filled	43
Inlays	2
Crowns	47 + 15 stainless steel crowns
Courses of treatment completed	2830

3. ORTHODONTICS	Cases remaining from previous year	40
	New cases commenced during year	51
	Cases completed during year	26
	Cases discontinued during year	9
	No. of removable appliances fitted	90
	No. of fixed appliances fitted	1
	Pupils referred to Hospital Consultant	55

## 4. PROSTHETICS

	5 to 9	10 to 14	15 & over	Total
Pupils supplied with F.U. or F.L. (first time)	-	-	1	1
Pupils supplied with other dentures (first time)	-	8	7	15
Number of dentures supplied	-	14	11	25

5. ANAESTHETICS	General Anaesthetics administered by Dental Officers	323
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## 6. INSPECTIONS

(a) First inspection at school. Number of pupils	8616
(b) First inspection at clinic. Number of pupils	2024
Number of (a) + (b) found to require treatment	6011
Number of (a) + (b) offered treatment	4758
(c) Pupils re-inspected at school or clinic	1328
Number of (c) found to require treatment	582

## 7. SESSIONS

Sessions devoted to treatment	1681
Sessions devoted to inspection	80
Sessions devoted to Dental Health Education	111





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